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THE Monthly Cyclopædia OF Practical Medicine.

EDITED BY

CHARLES E. de M. SAJOUS, M.D.,

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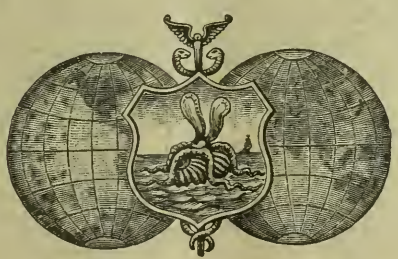

LEADING ARTICLES:

"Typhoid Fever" and "Appendicitis."

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NEWS AND THERAPEUTIC HINTS.

The Application of Pure Ichthyol-ammonium in Practical Dermatology.

M. Hodara (Monatsh. f. prakt. Derm., Bd. xxxii, No. 12) has used pure ichthyol with good results in the treatment of impetigo, furunculosis, ecthyma, genital herpes, etc. It is applied daily in a thick layer and, to accelerate its drying, it is covered with cigarette paper. It never provokes any irritation of the skin, and the treatment gives rise only to a temporary smarting over the inflamed areas.

Baldness in Man.

In his volume on diseases of the hair Sabouraud refutes some popular errors regarding the cause of baldness. Baldness is usually considered an infirmity of old age, and when it takes place in early life all sorts of explanations are invoked, one as baseless as another. As a matter of fact, the critical age for baldness in men is from 20 to 30 years. Women are less open to attacks of the microbe of this disease. The earliest baldness occurs in men of from 16 to 18 years, and the skull is often bare at 22. The most common age for the beginning of the disease is 23, and it is usually complete at 50. The latest age for the beginning is about 40, and in such cases the denudation of hair proceeds with extreme slowness. The younger the subject, the quicker the disease attains its complete effect. It is not a malady of the aged, but rather of the young. (New York Sun.)

Fœtor of Breath.

℞ Thymoli, 8 grains.
Alcoholi, 1 ounce.
Glycerini, 4 drachms.
Formaldehydi (40-per-cent. solution), 8 drops.
Aquæ, q. s. ad 3 ounces.

M. Sig.: Use as a mouth-wash in fœtor from decayed teeth. (Maryland Medical Journal.)

NEWS AND THERAPEUTIC HINTS.

The Cleansing of Teeth.

M. H. Fletcher, M.D., D.D.S. (Cincinnati Lancet-Clinic), gives as the result of elaborate investigations, the following formula:—

℞ Pulv. cereal, .75 per cent.
Sodium borate, 18 per cent.
Potass. chlorate, 7 per cent.

Orris and menthol to flavor, and saccharin to sweeten to taste.

Dr. Fletcher says that it requires at least 5 grains at a time of any powder to be at all sufficient in cleansing the mouth and teeth, and double or triple the portion is better; in every 5 grains of the above formula there is 1 1/4 grains of the combined remedies; this is sufficient to keep the saliva decidedly alkaline for some time after using and to counteract the ill effects of sweets.

Myalgia.

"We know a large number of affections better clinically than pathologically," says Dr. A. A. Eshner, of Philadelphia, and continues: "One of these is that condition of peripheral soreness or painfulness, sometimes an affection of the muscles themselves or of their fibrous sheaths, sometimes involving the fibrous structure of joints, sometimes the peripheral sensory nerves. In the absence of definite knowledge as to the precise nature of cases of the kind referred to, I am in the habit of grouping them together under the common designation of myalgia; and have found the following formula of service in the treatment of a large number of cases:—

"℞ Tinct. guaiac. ammoniat., 1 drachm.
Fluid extract of cimicifuga, 1 drachm.
Fluid extract of erythroxylon, 1 drachm.

"M. Sig.: A teaspoonful is to be taken three times a day before meals.

"When constipation co-exists, an equal proportion of fluid extract of cascara is added. I can warmly commend the employment of this combination under the conditions indicated."

Lasting Anæsthesia.

Lasting anæsthesia can be produced by spraying ethyl-chloride over a surface previously moistened with a concentrated watery solution of cocaine. Cocainized ethyl-chloride has been employed for opening abscesses, etc. Bardet (Medical Record).

NEWS AND THERAPEUTIC HINTS.

Nutriment in Rice.

It has been positively ascertained by expert chemical analysis that rice contains more nutritive elements than any other grain. It will sustain life better and longer than any other cereal: a fact well known throughout the Eastern countries from time immemorial. (Pacific Health Journal.)

Some Interesting Notes.

A recent number of the Philadelphia Medical Journal contains the following notes: 154 out of every 10,000 convicts are constantly in hospitals. On an average 1,700.000 of the world's population are constantly afloat. Only 900 people in a million die of old age. Malaria has been found in Honduras at an elevation of 4000 feet, far above the mosquito-level, where there is good water, natural drainage, and salubrious climate. The flea, it is said, is responsible for this. The island of Java, which is 673 miles long and 125 miles wide, only three degrees off the equator, supplies practically all the cinchona-bark from which quinine is made. There are about 25,000 acres of this island used in growing cinchona.

Compression Over the Precordium in Heart Disease.

Dr. Abee, of Nauheim (Medical Era, December, 1901), after noticing that patients suffering from heart troubles seek relief by pressure over the heart, tried the use of a pad to make pressure against the precordium. Much relief has been obtained by this means. The compressor is made by taking a plaster cast of the precordium, making a metal plate to correspond, and padding with an inflated rubber air-cushion. This is blown up through a tube after being adjusted. The compressor is held in place by binders over the back and shoulders.

NEWS AND THERAPEUTIC HINTS.

Chapping.

℞ Oxidi hydrargyri flavi, 2 grains.
Balsami Peruviani, 10 grains.
Vaselini, $^1/_2$ ounce.

M. Sig.: Apply to the parts.

May be used for chapping occurring on any part of the body. If there is itching, 2 grains of carbolic acid may be added to the above. Hearn (Kansas City Medical Record).

Acne Rosacea.

Dr. Gilchrist, of Baltimore, in a recent paper, thus sums up the treatment of acne rosacea. Strict attention to diet, good plain food, avoidance of pork, pickles, salads, highly-seasoned foods, rich gravies, sauces, cheese, pastry, candy, cakes, strong tea or coffee, and very hot liquids. Fresh fruits and green vegetables are beneficial, correct the underlying constipation, dyspepsia or menstrual trouble, avoid all stimulants, wash the face in hot water every night, and then apply a sulphur ointment or lotion. Local treatment consists in rapid puncture of the skin of nose with a sharp aseptic needle, and electrolysis to obliterate the blood-vessels, if they are visible. (Canada Medical Record.)

Dysphonia (Hoarseness).

The following gargle can be employed in case of emergency when it is desired to use the voice in singing or speaking:—

℞ Acidi tannici, 40 grains.
Boroglycerini, 1 $^1/_2$ drachms.
Tinct. capsici, 20 minims.
Infuso rosæ, q. s. ad 5 ounces.

M. Sig.: Use frequently as a gargle. (Journal of the American Medical Association.)

NEWS AND THERAPEUTIC HINTS.

Nervous Dyspepsia.

In discussing a paper, Dr. L. Bremer, of St. Louis, says that the essayist had laid great stress upon the cannabis-Indica treatment of nervous dyspepsia and some cases of hysteria. The speaker liked it, but another remedy, not generally used, has great nervine powers, and that is quassia. It is decidedly calmative; combined with cannabis it allays those symptoms of nervous dyspepsia, such as palpitation of the heart, etc. (St. Louis Medical Review.)

Suprarenal Extract and Adrenalin in Internal Medicine.

A. L. Benedict (Therap. Gazette, October 15, 1901) brings forward the point that there are states of the circulatory apparatus which, by analogy, might be called "chronic shock": *i.e.*, a general lack of tone, co-existing with constipation, gastroptosis, etc. All these are symptoms of depression. When heart disease co-exists with vascular depression, the indication is for a drug which stimulates equally the heart- and blood- vessels. Dr. Benedict has convinced himself, by careful experiments, that adrenalin fills this indication. In Addison's disease adrenalin has not proved specific, because there are several factors concerned, of which the circulatory depression is not the chief in importance. The author prefers the adrenalin of Takamine because it is non-irritating, not liable to decompose, and capable of being used in definite dose.

Olive-oil as a Food.

Pure olive-oil, as a food, with the meals, should be used by both the mentally depressed and the abnormally excitable. It helps nutrition and gives a gentle aid to elimination. If it cannot be taken with food preparation, a teaspoonful or two can be taken regularly at the close of each meal. (Medical Standard.)

NEWS AND THERAPEUTIC HINTS.

Beta-eucaine Acetate, a New Form of Eucaine.

In the poliklinik of Professor Silex, of Berlin, the acetic salt of beta-eucaine has been tried extensively with a view to establishing its value in office practice. It was used in a 2-per-cent. solution. The stronger solutions had a more rapid effect, but were followed by irritation. After the first drop, a slight conjunctival hyperæmia occurred, the opposite of the blanching of cocaine, together with some tear-secretion. These symptoms and an occasional slight burning passed away in 30 to 40 seconds. After 3 minutes, with the use of 3 drops, the cornea is numbed, 1 minute later the conjunctiva is anæsthetized. The numbing lasts 10 or 15 minutes. There were no toxic symptoms seen, no matter what dose was used. There was no mydriasis or disturbance of accommodation or change in tension of the bulb. It is not to be used, however, in those conditions in which there is already marked hyperæmia of the anterior part of the bulb. (Medicinische Wochenschrift.)

Ether Narcosis.

Ernst Becker, in the Centralblatt für Chirurgie, states that he has for two years added oleum pini pumilionis to ether just before administering the anæsthetic, 20 drops to 200 grains of ether, to prevent the secretion of mucus. This gives but a slight piny odor to the ether, making it less objectionable to the patient. He has used this mixture in about five hundred cases with uniform success. Even when bronchitis, phthisis, empyema, or emphysema existed, these conditions have not grown worse. In one case, a goiter in a woman of 58 years, mucus collected in the bronchial, lasting a few days. Since the oil of turpentine cannot do harm, its effect is even better than atropine, which is so often given before operation to prevent the accumulation of mucus.

Caffeine as a Cardiac Stimulant.

The Klinisch-therapeutische Wochenschrift attributes this formula to Capitan:—

℞ Caffeine,
Sodium salicylate, of each, 15 to 22 grains.
Sparteine sulph., 6 grains.
Ammonium acetate, 15 grains.
Aq. dest., 1 ½ ounces.

M. Sig.: A coffeespoonful every half-hour till three doses have been taken. It is said to be very prompt in its action. (New York Medical Journal.)

NEWS AND THERAPEUTIC HINTS.

FLATULENCE.

A very efficacious measure, which acts by aiding the evacuation of the stomach, consists of the administration of excitomotors, as sodium sulphate and sodium chloride in small doses. Every morning, fasting, should be taken a teaspoonful of the following mixture:—

℞ Sodium bicarbonate,
Sodium sulphate, of each, 600 grains.
Sodium chloride,
Neutral sodium phosphate, of each, 150 grains.—M.

(New York Medical Journal.)

SOAPS.

Soap as usually met with is not an unmixed advantage. Superfatted neutral soaps are, according to Jamieson, an immense stride in the right direction, and he thinks that it is well also to learn that they contain no cocoa-nut oil, as, if so, they are not a proper skin soap. He says distilled rain- or river- water constitutes perfection. Hard water, from its containing lime, acts deleteriously on the skin. Bran, oatmeal, or starch lessen the injurious effect of the lime-salts, and are in themselves innocuous; hence such can frequently be mixed with the water with benefit. (Edinburgh Medical Journal.)

INFLAMED EYES.

Never prescribe for an inflamed eye without doing three things, viz.: 1. Without examining for a foreign body imbedded in the cornea or lodged beneath the lids. 2. Without seeing if cornea or iris is implicated. 3. Without determining the presence or absence of tension of globe. (Cincinnati Lancet-Clinic.)

NEWS AND THERAPEUTIC HINTS.

Sunlight Treatment.

Professor Finsen, of Copenhagen, has received, says the Philadelphia Medical Journal, much praise for cures effected by sunlight; but an English scientist points out that this method of curing diseases was known and practiced in England centuries ago. John Gaddesden, who wrote the famous medical treatise, "Rosa Medicinæ," and who died in 1361, treated the son of King Edward I for small-pox by wrapping him in scarlet cloth and placing him in a bed and room with scarlet hangings, and the patient recovered, never showing any trace of small-pox. There is also evidence that other physicians believed in the virtues of phototherapy and adopted it to cure certain forms of skin disease.

Sealed Thermometer.

The first sealed thermometer was made some time prior to 1654 by Ferdinand the Second, Grand Duke of Tuscany; he filled the bulb and part of the tube with alcohol, and then sealed the tube by melting the glass tip. There appears to be considerable doubt as to who first employed mercury as the thermometric liquid; the Academia del Cimento used such an instrument in 1657, and they were known in Paris in 1659. Fahrenheit, however, appears to have been the first to construct, in 1714, mercury thermometers having trustworthy scales. The use of the boiling-point of water was suggested by Carlo Renaldini in 1694. (Engineer.)

NEWS AND THERAPEUTIC HINTS.

MEMBRANOUS ENTERITIS.

Dr. M. A. Brown reports the case of a woman, aged 28, well nourished, who for nine months had been suffering with attacks of severe abdominal pain, colicky in character, followed by the appearance of mucous casts in the stools. The treatment—consisting of absolute rest in bed, milk diet, and injection of silver nitrate, and later of boric acid—was without the slightest avail. The plan of astringent injections was finally abandoned, and daily high injections of olive-oil substituted. These were given late in the morning or early in the afternoon, and were retained without discomfort for from twelve to twenty-four hours. Improvement was immediate, and in a week she was discharged practically well. Three months after there had been no return of the symptoms. (American Medicine.)

PULMONARY ŒDEMA.

O'Donovan finds that atropine is a remedy that rapidly contracts the vessels, powerfully stimulates the sympathetic system, increases the force of the heart's beat, raises arterial tension, stimulates the respiratory centers, and dries up the secretions of the skin and mucous membrane. Its physiological action can be easily gauged by watching the amount of dilatation of the pupil. It is well to supplement it with some drug that acts promptly and surely as a direct stimulant to the heart, strychnine preferably. In cases of acute pulmonary œdema he has seen relief from the hypodermic injection of $^1/_{100}$ grain of atropine with $^1/_{50}$ grain of strychnine sulphate so immediate and complete that it seemed like magic. The pulse should be watched to see that the effect is not merely transitory. Time should not be wasted on remedies given through the stomach, but the hypodermic method should be used at once. (Medical Record.)

HEADACHE OF EYE-STRAIN.

Donders's rule of diagnosis, slightly modified by H. H. Seabrook (Medical Record), is that when anybody is seen to frown, squeeze the lids together, and rub the forehead on using the eyes eye-strain is present. Patients with hyperphoria tip the head sideways upon attempting to see clearly. If the subjects have sick headache from theater-going, visiting picture-galleries, railroad-journeys, or bicycle-riding, esophoria should be suspected, and the diagnosis is made positive when they develop headache regularly after continued fixation of distant objects under different atmospheric conditions.

NEWS AND THERAPEUTIC HINTS.

Direct Massage of the Liver.

Massage of the liver seems to have produced good results in all the cases in which there is a persistent portal obstruction, as shown by the opsieuria. Thus, it should be practiced in certain cases of passive congestion of the liver of cardiac origin, of venous cirrhoses with or without ascites, and even in the pigmentary cirrhoses. Doubtless in all these cases one cannot hope to obtain a marked retrocession of all symptoms; but one may notice a very marked diminution in the volume of the liver, and the disappearance of the opsieuria, showing that one has produced an effect upon the portal circulation. Biliary lithiasis and certain cases of catarrhal jaundice seem to be especially amenable to direct hepatic massage, which, by facilitating the biliary circulation, may aid in the amelioration of the symptoms and favor a cure. (L'Independance Médicale, October 23, 1901.)

Stuttering.

In various German schools, says American Medicine, courses of treatment for the cure of stuttering have been instituted, and in Berlin six specialists engaged by the Municipal Board of Education devote twelve hours weekly to the work. It is estimated that $1\frac{1}{2}$ per cent. of the children attending German schools stutter. Two systems of treatment are being tried: one gives a vocal drill in sounds that the children find most difficult to utter. The other method is confined to institutes over whose children municipal authorities can exercise more control, and consists in dealing with stuttering as if it were a nervous disorder which can be remedied by change of diet, especially by diminishing the amount of meat, by open-air exercise, etc. By this latter method, after two weeks' treatment, fifty out of ninety-three were almost entirely cured.

Biting the Finger-nails.

Generally, individuals who are addicted to this habit show symptoms of degeneracy. They present undergrowth, are slow, drowsy, unreliable, and have defective teeth. The treatment of onychophazia is indicated and requires careful observation on the part of parents and physicians; in many individuals painting the finger-nails and the tissues around them with tincture of quassia has brought good results. The extremely-bitter taste of quassia prevents the child from putting the finger in the mouth, and in many instances we know a cure to have been effected. (Medical Standard.)

NEWS AND THERAPEUTIC HINTS.

Chronic Endocarditis.

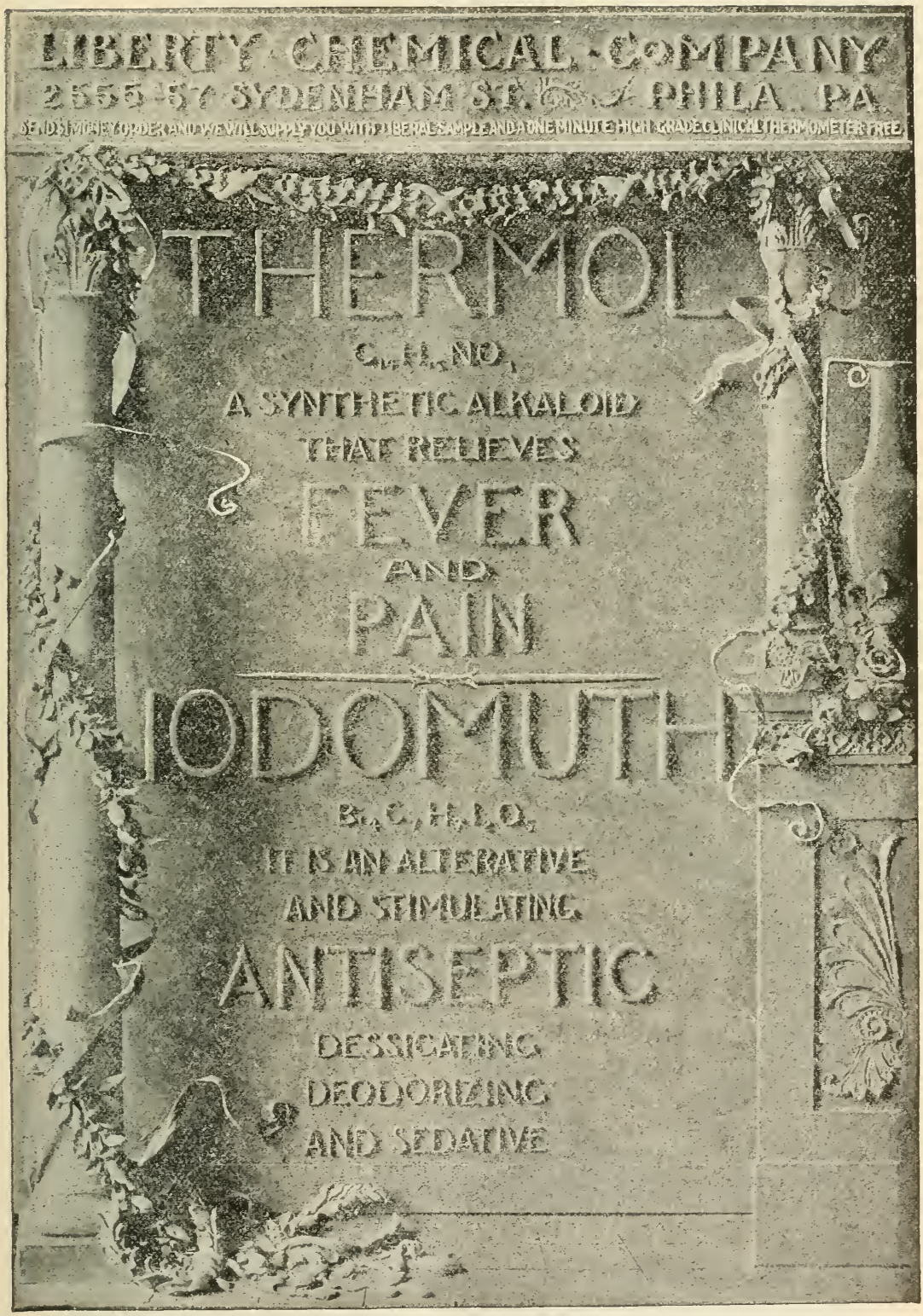
Delafield says: "In chronic endocarditis, although there may be a murmur, if there are no signs of failure of the heart's action or other disturbance of the heart, a cardiac stimulant should not be given. Neither is it necessary to stop labor on the part of the patient, but it is very important to prohibit the use of alcohol in any form. Beer-drinking to excess in these cases of endocarditis is frequently the cause of acute dilatation." (Medical Summary.)

Kissing the Baby.

We do not say that a mother should not kiss her own child. Her baby is part of herself, and we suppose she must be allowed to do as she likes with it, although even a mother ought to bear in mind that her colds and sore throats are distinctly catching. But for strangers to kiss a baby is a piece of abominable impertinence. The whole business ought to be put a stop to. Think of the horrid moment when the adored baby toddles forward with its mouth up waiting to be kissed! And so far does folly go that most mothers would actually be offended if the visitor failed to respond to baby's "sweet advances"—very sweet—sometimes absolutely sticky! The fact is that kissing is the very antithesis of sanitary decency. To "engaged" young people it may perhaps be permitted as a foretaste of that more complete union which they hope to arrive at. But among others it ought to be regarded as an outrage. G. M. Kober, M.D. (American Journal of the Medical Sciences).

Small-pox on the Riviera.

Though the fact is kept very quiet, nevertheless rumors of the prevalence of small-pox along the Mediterranean, considerably more serious than anything of the kind in America at present, continue to arrive. On this account the hotels along the Mediterranean have not been filled this winter, yet the steamers both from New York and Boston continue taking out crowds of people. (Philadelphia Medical Journal.)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Cyclopædia of Current Literature.

ANEURISM, TREATMENT OF AORTIC.

Considering the inefficiency of medical treatment, and the comparative efficiency of the use of silver wire and electricity, it is probably better to proceed to the latter at once without wasting valuable time upon the former. Soft, undrawn, unalloyed silver wire devoid of spring—wire just as it comes from the shop—is preferable to the hard, highly-drawn wire alloyed with copper and full of spring. It is hardly necessary to previously coil the wire. It is still an open question as to which is preferable, a large amount of wire or a small amount, with the theoretical advantages in favor of the former. A strong electric current is apparently preferable to a weak one. The can-

nula through which the wire is introduced should be inserted just within the sac, and no farther. There is little, if any, danger of bursting the aneurism from increase of pressure due to coagulation in a portion of the sac only. Leonard Freeman (Amer. Jour. of the Med. Sciences, Dec., 1901).

ANGINA, ULCERO-MEMBRANOUS.

In the diagnosis of this condition the most important distinction is from diphtheria, confluent follicular amygdalitis, and other tonsillar inflammations.

The facts that one tonsil is usually involved, that the submaxillary glands are enlarged, and that the temperature, as a rule, is not markedly elevated suggest diphtheria. Clinically, it differs from diphtheria in that it is an ulcerative process, in the absence of tendency to spread beyond the tonsil, and in the usual absence of asthenia and constitutional symptoms. The affection is ulcerative, while diphtheria is membranous. It must not be forgotten, however, that many cases of diphtheria are ambulatory, without any signs of prostration, and that in the third and fourth weeks, as Henoch states, ulceration may occur. The fact that other members of the family are affected cannot be relied upon for suspecting or corroborating the diagnosis of diphtheria, because, in personal series, three members of one family (Schwartz) were attacked: two of them simultaneously; the other, three weeks after a cure had been effected in her sisters.

From confluent follicular amygdalitis it is distinguished by the absence or mildness of constitutional symptoms,—fever, headache, malaise, and prostration; by the superficial character of the former; and by the presence, perhaps, of follicular spots on one or the other tonsil. The cases of follicular amygdalitis associated with ulceration are distinguished by the presence, in addition to the ulceration, of follicular spots on one or both tonsils and by the constitutional disturbances.

While in diphtheria no reliance, or very little at best, is to be placed upon the immediate examination of a smear from the tonsil, the opposite holds good in this condition, in which every reliance is placed on the smear, and practically none on the cultures on ordinary media. In making smears and cultures it will be found that the swab forces the necrotic mass before it and finds its way into a cavity of varying depth; at times, portions of the sloughing mass are removed, and bleeding easily takes place.

In all of the cases the microscopical picture is practically the same in that the characteristic fusiform bacilli and spirilla are present in very large numbers.

Vincent distinguishes two forms: 1. Diphtheroid, which is rare, and in which the fusiform bacilli alone are found. 2. The ulcero-membranous form, which is frequent, and in which both the fusiform bacilli and spirilla are present in great numbers. Hence the term *"angine fusospirillaire."*

The bacillus is about twice as long as the Klebs-Loeffler bacillus and, as being needle-like, somewhat pointed at the ends (fusiform). Some are bent so as to form a crescent. They are sometimes arranged end to end, in ⌒ shape; and at other times at an acute angle; some are arranged in pairs or groups similar to the diphtheria bacilli; others are scattered about without any particular order or grouping. They vary somewhat in size, some being larger and

thicker than others; however, they are always longer and thicker than the diphtheria bacilli. The spirilla are long and cork-screw-like, with wide curves; they also vary in size, the longer and thicker ones staining more deeply. Jacob Sobel and Charles Herrman (New York Med. Jour., Dec. 7, 1901).

ANKYLOSTOMIASIS.

The recognized treatment is thymol administered as follows: 15 to 30 grains repeated four times at intervals of one and one-half to two hours. If the bowels do not act spontaneously in twelve hours after the last dose, a purgative should be given. It is well to clear the bowels the day before with a purgative, and place the patient on liquid diet. The fact that thymol is poisonous must not be lost sight of, and the patient should be carefully watched. Since the drug is freely soluble in alcohol, ether, turpentine, chloroform, oil, glycerin, and certain alkaline solutions, these should be withheld during its administration.

In seven or eight days the stools should again be examined, and if the ova are still present the same program should be carried out and repeated until all the parasites have been destroyed.

The treatment of the anæmia from uncinariosis is the same as in that secondary to any other cause. T. A. Claytor (Amer. Jour. of the Med. Sciences, Jan., 1902).

APPENDICITIS.

Every death from appendicitis, in an individual otherwise well, excepting those of the fulminating type, could have been prevented by the use of the knife at the proper time. If one is to operate early, an early diagnosis is necessary. If the three cardinal symptoms of appendicitis are kept in mind, the early diagnosis is, in nine cases out of ten, very simple. There are a few atypical forms which are very puzzling, but these are very rare, and the chief difficulties in early diagnosis are either due to forgetting the three cardinal symptoms or more commonly to being confused by other symptoms that are only secondary or intercurrent.

The three cardinal symptoms are pain, tenderness, and rigidity. Sudden abdominal pain in an individual previously well is the first point. Pain, sudden in onset, general or localized to any part of the abdomen, is usually the first symptom. Then, after a short time, localization to either McBurney's point, corresponding to the position of the base of the appendix, or to a point over the tip of the organ, which may be nearly anywhere in the abdominal cavity.

The tenderness may be at first general or local, and a very valuable diagnostic point is general abdominal pain, with tenderness limited to McBurney's point. The typical tenderness of appendicitis is not that elicited by carelessly applied pressure or tight clothes, but a tenderness confined to a small area elicited by the pressure of a single finger. Another important sign is that pressure in other parts of the abdomen often causes pain, not where the pressure is applied, but under McBurney's point. The tenderness is more often localized to McBurney's point than is the pain, probably from the fact that in the unusual positions of the appendix the base is commonly more superficial than its tip.

Rigidity of the neighboring part of the rectus and overlying flat muscles is nearly always present from the onset, but this can sometimes only be demonstrated by the most delicate and gentle touch. One should examine in the region away from

the seat of disease first. This rigidity is, however, often so marked that it gives the examiner the impression of an abdominal mass, and an abscess is diagnosticated when it does not exist.

None of these three symptoms are in themselves pathognomonic, but, taken collectively, in 90 per cent. of cases present a picture that cannot be mistaken.

The diseases which are the hardest to distinguish from acute appendicitis in the early stages are typhoid fever, extra-uterine pregnancy, cholecystitis, and acute mechanical obstruction of the bowels. J. B. Deaver (New York Med. Jour., Dec. 7, 1901).

The rules regulating the admissibility of applicants for life-insurance who have had appendicitis can hardly be established with absolute precision, for they necessarily vary with every individual case. One, therefore, can only devise a general scheme which may aid in the solution of each individual problem.

I. Any abnormal sensitiveness in the appendicular region justifies postponement.

II. Applicants are admissible when cured by operation, a few weeks after interval operations; after three or four months when the resection has been done during an attack; in eighteen months or two years when the applicant has been cured by the simple opening of a purulent collection about the appendix. It will always be best to require a statement from the operator or from a physician present at the operation giving the precise nature and the results of the intervention.

The same conditions will hold in cases of circumscribed peritonitis with spontaneous evacuation of the purulent collection.

III. Any typhlitis, appendicitis, appendicular colic or crisis, however slight, acknowledged by the applicant or suspected by the examiner, will subject to a postponement of two or three years.

IV. Two or more attacks will require a more lengthly postponement, which will be proportionately increased according to the number and severity of the attacks.

V. The research of family antecedents will be considered as an important element of greatest moment in the younger applicants.

VI. In cases of remote anteceding attacks of appendicitis, the examiner must carefully investigate the existence of signs which might reveal the slightest awakening of the old appendicitis.

VII. Every case of chronic and of recurring appendicitis must be rejected. J. Weill-Montou (Med. Examiner and Pract., Oct., 1901).

The prognosis depends upon the character of any given case, whether it be one of the appendix perforating into the general peritoneal cavity or perforating with limiting adhesions; or, again, whether the appendix remains without perforation; but chiefly the prognosis depends upon the stage at which the disease is seen and recognized, and upon the treatment adopted. If the case belong to either group of the perforating class; is seen within six, eight, or twelve hours from the occurrence of perforation; and proper treatment is adopted, the prognosis is good. If the case is a non-perforating one, is seen early, and appropriate treatment is carried out, the prognosis is excellent. On the other hand, if two or more days have elapsed since perforation of the appendix into the general peritoneal cavity, and as a consequence general septic peritonitis has existed for this length of time, with general septicæmia as an inevitable result, death will occur in a large proportion of such cases,

as long as there are no more potent means of treatment than are known at the present time.

In the class of cases which are treated in the interim, again, the prognosis is excellent. J. C. Davie (Dominion Med. Monthly, Nov., 1901).

When there is doubt as to whether a case is typhoid or appendicitis, the operation should be postponed if constitutional signs are severe and local ones hard of detection. When the abdominal symptoms—pain, tenderness, rigidity, with or without distension—call loudly for operation, the abdomen must be opened, in spite of the possibilities of typhoid; but cases suggesting typhoid as strongly as appendicitis should, until the diagnosis is perfectly clear, be carefully observed. One should proceed in doubtful cases with extreme caution; every means of investigation should be exhausted before subjecting the patient to an operation. In those cases in particular in which the suspicion of typhoid fever is present, the abdomen should not be opened unless the indications are strong. When, in spite of repeated examinations and the greatest care, the surgeon is convinced that typhoid fever is not present, exploration, even if it proves him wrong and shows that typhoid does really exist, loses the sting of carelessness and haste. The blunders that mortify are those which would be unnecessary were the examination painstaking. M. H. Richardson (Boston Med. and Surg. Jour., Jan. 9, 1902).

The conservative treatment of appendicitis consists in prompt operation. The starvation method of procrastination is vicious and has cost many lives, because it is used as an excuse to dally with patients that should be promptly subjected to removal of the organ. J. H. Carstens (New York Med. Jour., Jan. 18, 1902).

When a case of diseased appendix is personally seen, operation is advised; if this is not assented to, all responsibility in the case is disavowed.

Early operation is admitted by all to be the proper course in the acute perforating peritonitis cases.

Early operation in abscess cases means small abscess easily and safely dealt with.

Early operation in non-perforating cases means avoiding all sorts of catastrophes to the patient, such as perforation, gangrene of the organ reaching the surface and infecting the peritoneal cavity, recurrence of the disease at a possible inopportune time, and last, but not least, cure of his disease.

Early operation in the interim cases means rapid restoration of the patient to health, the removal of a constant menace to the patient's life, and a comparatively easy surgical procedure.

Early operation means, in short, successful operation. Delay means uncertainty, bringing surgery into disrepute, *anything* but uniform success, and loss of life and health.

Removal of the appendix in old, incurable, or recurrent abscess or fistula resulting from abscess means the cure of such abscess or fistula. J. C. Davie (Dominion Med. Monthly, Nov., 1901).

The ideal time to operate in appendicitis, to obtain ideal results, is in the stage of appendicular colic, before inflammation has taken possession of the vulnerable tissues composing this organ.

Formerly abscess-formation was regarded as the indication for operation, certainly a most unfortunate view, for then the time for an ideal operation has passed.

An abscess-cavity must heal by granulation, cicatrization, and contraction. In appendicular abscess of any size the inner wall is formed by adherent loops of small

bowel. During contraction the caliber of the bowel is often occluded and acute mechanical obstruction results, which, unless relieved by immediate operation, must result in the death of the patient.

In personal experience at the German Hospital, where yearly from one hundred and fifty to two hundred operations are performed for acute appendicitis, many of which are of the abscess type, the percentage of intestinal obstruction is comparatively small. This condition, which usually does not occur for ten days, is so feared that upon the appearance of paroxysmal abdominal pain, nausea, inability to pass flatus or to have the bowels moved by simple purgative medicines aided by high enemata through the rectal tube and given by hydrostatic pressure, and with the presence of slight tympany with paroxysmal pains provoked by gentle palpation of the abdominal wall, a section is immediately advised. By this practice recoveries are recorded in patients that otherwise would have perished.

It is personal practice in dealing with these large abscess cases not to be content with the evacuation of the abscess and the removal of the appendix, but, further, to relieve the adherent coils of bowel, which, done with proper manipulative skill and disposition of sterile gauze to guard against infection of the general peritoneal cavity, and the placing of gauze drains, prevents this complication being more common than it otherwise would. Again, in these abscess cases it happens frequently that, in addition to the principal focus of suppuration, there are other foci. In such instances the evacuation of the primary focus of pus does not necessarily mean the evacuation of the secondary collections. This phase of treatment is one of the most important; overlooking secondary collections figures conspicuously in the mortality of this class of cases.

Where the appendicular inflammation has involved to any degree the neighboring structures, particularly the great omentum, as is so commonly seen in abscess cases, it is necessary to tie off the involved portion of the omentum, which frequently is partly or entirely gangrenous. The sooner the appendix is out, the better for the subsequent welfare of the patient. J. B. Deaver (New York Med. Jour., Dec. 7, 1901).

BABINSKI'S REFLEX.

At the International Congress of Neurology, in Brussels, in 1897, Babinski said: "In the normal state in the adult tickling the plantar surface of the foot usually produces a flexion of the toes upon the metatarsus, and never an extension. In certain cases of organic affections of the central nervous system the toes—under the influence of a similar excitation—are extended upon the metatarsus." Babinski's reflex is characterized, before everything, by extension of the big toe, and, accessorily, by that of the other toes.

"Babinski," says Van Gehuchten, "considered extension of the great toe, following excitation of the sole of the foot, as a perturbation of the normal plantar reflex. The observations of Schaeffer, Babinski, de Buck and de Moor, and me have shown that Babinski's reflex, while it is a cutaneous reflex, is not a plantar reflex. In order to produce it it is not indispensable to excite the sole of the foot, for it may occur after excitation of any part of the leg, and sometimes even of the thigh."

Several times this has been personally verified, not only by causing extension of the toes by excitation of any part of the leg, but by observing what occurs spon-

taneously, in some hemiplegics and in certain cases of spasmodic tabes, simply by the rubbing over of blankets that are suddenly pulled away. It has occurred more than once, under these conditions, to see a very marked extension of the big toe, which then disappeared insensibly, after the foot had been exposed to the air and remained untouched for a few minutes.

In personal opinion, the existence of extension of the great toe does not necessitate, in an absolute manner, the abolition of the normal plantar reflex.

In case the touching of the sole of the foot gives rise to extension of all the toes, one cannot make out the conservation of the normal plantar reflex. This fact, however, by no means shows that this reflex is abolished, but only that the contraction of the extensors is stronger than that of their antagonists, the flexors.

When extension of the big toe is produced alone, one cannot, either, conclude that the normal plantar reflex has disappeared; one can only say that, for the big toe, the contraction of the extensor, which is strongest to uplift the only toe which it serves, overcomes that of the flexor, while the contraction of the extensor of the last four toes, being less energetic in lifting the four toes it is destined to move, only suffices to counterbalance the antagonistic action of the corresponding flexors.

If one examines very attentively a large number of cases in which Babinski's reflex exists, one sees that, by the side of the generality of the observations in which the phenomenon of the toes is met with in its two forms,—extension of the big toe alone and extension of several toes,—are found others in which the phenomenon is somewhat different. These cases are rather rare, but they exist; four examples have been personally examined. In these cases, instead of obtaining extension of the big toe and inertia of the other toes, extension of the big toe and flexion of the four other toes were found. In one case there was an old hemiplegia, in one a sclerosis en plaques, and in the fourth a combined sclerosis. J. Crocq (Medical Examiner, Dec., 1901).

COLITIS, MEMBRANOUS.

The course of membranous colitis is long, but in the majority of cases it tends toward an ultimate cure. This cure is, however, a matter of years rather than months.

The first aim in the cure should be the treatment of the neurasthenia. A fair amount of exercise should be taken, with rest before and after meals. The food should be plain and digestible; vegetables should be given in *purée*, and fruit-juice in preference to the whole fruit. Too strict a limitation seldom answers, and much improvement has never been seen on a purely milk diet. Alcohol in any form is, as a rule, best avoided. In the acute attacks attended with fever rest in bed and a liquid diet are desirable. Morphine may be necessary in these circumstances, but its use must be most jealously guarded. The bowels must be regulated; castor-oil in drachm doses is very useful, and may be frequently repeated. In most cases enemata are beneficial. These may be simply soap and water; a less irritating and often more successful method is the injection of 4 to 6 ounces of olive-oil.

Of the remedies directed to soothing the intestinal pains, bael in drachm doses of the confection is sometimes useful; it appears to assuage the colicky pains and lessen the constipation. Bismuth is of very little use. Opium should be given only during an acute attack. Sir Dyce Duckworth recommends aromatic sul-

phuric acid in 20-minim to $^1/_2$-drachm doses. Iron is rarely well borne, and its administration should always be preceded by a blood-count, as the pallor of the skin is apt to lead to an erroneous conclusion as to the true condition of the blood. So-called nerve-tonics are useful; strychnine should be given with caution; nitrate of silver in doses of $^1/_{32}$ grain is sometimes of great service. Many cases derive great benefit from a course of treatment at the Baths of Plombières in the Vosges. In the more hopeless cases Hale White advocates the performance of a right-sided colotomy, in order to give the bowel rest. Michael G. Foster (Edinburgh Med. Jour., Feb., 1902).

DIPHTHERIA BACILLI, NEISSER'S TEST FOR.

Neisser's method as a means of distinguishing the diphtheria from the pseudodiphtheria bacillus is an excellent method, but it is not infallible. More than once a diphtheria bacillus (subsequently proved to be an acid-former and to be virulent for guinea-pigs) has been found, which showed no polar bodies when stained with the usual Neisser method. And more frequently cultures of diphtheria bacilli have been found which showed but few polar bodies, and those very small and difficult to find. In such cases little or no advantage is found in staining for two minutes in the acid blue, as has recently been recommended. On the other hand, when Hofmann's bacilli are treated with Neisser's stain (or with acetic acid after methylene-blue), several times a few bacilli have been seen which showed very minute polar bodies. These cultures had been sown on the previous day, and were therefore about twenty-four hours old or less. Such bacilli have been isolated and investigated, with the result that they proved to be Hofmann bacilli.

Neisser's stain, therefore, fails to show polar bodies in a small proportion of true diphtheria bacilli. And it shows minute and doubtful polar bodies in a few Hofmann bacilli. This fact detracts very little from the value of the stain as a differential test, because the exceptions to the general rule are so few. One must, then, hold that a good positive reaction is positive evidence that the bacilli are diphtheria bacilli; that a definite negative reaction is valuable evidence, but not alone conclusive; while a poor or doubtful reaction is not of much value either way. L. Cobbett (Lancet, Nov. 23, 1901).

ECLAMPSIA.

The treatment of eclampsia, according to Stroganoff, is, in brief, the following: The administration of oxygen during the convulsions, the use of morphine and chloral to control the convulsions, the free use of cardiac stimulants when the heart-action weakens, prompt delivery when the convulsions do not yield to treatment, a milk diet, and the avoidance of all methods of treatment which tend to depress the patient.

The administration of oxygen is recommended as the only treatment to be applied during the convulsive attacks. The use of chloroform and ether during the convulsions is considered to be not only ineffective in stopping the convulsion, but also injurious to the patient. The indications during each convulsive attack call for the free administration of oxygen, with precautions to prevent the patient from biting her tongue, and the removal of all weight from the thorax.

If the patient is under observation at the time of the first convulsion, morphine sulphate, $^1/_4$ grain, is given hypo-

dermically at once, and otherwise, as soon as the physician reaches the case, to be repeated in cases of average severity at the end of an hour. In severe cases—that is, if another convulsion occurs within that interval, or if the patient is restless and unruly—the dose should be repeated earlier, while in mild cases, especially post-partum, the interval may be lengthened to two hours. In severe cases a third injection of morphine should be given after the same interval.

About two hours after the last dose of morphine, or earlier if the patient is restless, chloral-hydrate is given (20 to 40 grains), by mouth if the patient can swallow, otherwise by rectum. Light narcosis is to be maintained for the next twenty-four hours by the repetition of the chloral at intervals of from six to ten hours without reference to the cessation of the convulsions. If the patient is restless or unconscious, the narcosis should be continued for a second twenty-four hours. If at any time during this interval convulsions recur or threaten, the morphine should be repeated as at first, and the use of chloral should be continued.

Stroganoff believes that the size of the doses of morphine is of great importance, and should never exceed $^1/_4$ grain at a single dose, as serious depressant effect may follow the exhibition of the larger doses ($^1/_2$ grain) recommended by Veit.

If the convulsions do not yield within a reasonable time to the use of morphine and chloral, immediate delivery is indicated.

The further treatment of eclampsia as recommended by Stroganoff is: All irritation of the patient, especially of the birth-canal, is to be avoided as far as possible. The use of general anæsthesia is advised whenever the patient is to be catheterized, a vaginal examination made, etc. A milk diet is to be insisted on. If the patient requires stimulation, the use of normal salt solution is advised as the most satisfactory method of stimulation, although the use of brandy and sulphuric ether is advocated for sudden emergencies. F. S. Newell (Boston Med. and Surg. Jour., Feb. 20, 1902).

ECZEMA, CHRONIC.

The object of all treatment is to bring back the diseased condition, no matter how complicated, to a healthy physiological state, and keep it there. If a patch of eczema is chronic and dry, one must moisten and grease it. If too wet, it must be dried. If swollen, the part should be raised or supported; if hot, cooled; if painful, it must be soothed.

If, as frequently happens, the skin is being infected constantly or at intervals by discharges from the ears, nostrils, eyes, mouth or other mucous orifices, umbilicus, or from wounds and sinuses, these causes must be cured or satisfactorily dealt with.

The general treatment is, in many cases, very essential. Constipation, indigestion, anæmia, any malnutrition, neurasthenia, worry, gout, kidney disease, as well as any bad habits,—such as excess of smoking, eating, or free indulgence in alcohol,—must be noted and corrected as far as possible. Gray powder, calomel, decoction of aloes, citrates and carbonates, iron, quinine, strychnine, and occasionally colchicum, and still more rarely arsenic will meet almost all our needs as far as internal medicine is concerned. Sometimes the regulation of diet is of first importance. In the case of children, meat-juice or blood-gravy for sucklings, and codliver-oil or malt-extract for those a little older, will often do wonders, as will also, now and then, change of air or the administration of thyroid extract.

For adults a change of occupation is sometimes absolutely necessary, but rarely so. Alfred Eddowes (Brit. Med. Jour., Feb. 15, 1902).

ENTERIC INFLAMMATION, HYPODERMOCLYSIS IN.

Hypodermoclysis is only recommended for certain grave forms of enteric inflammation: those in which other methods of treatment have seemed of no avail. The process requires no complicated apparatus, but little time to prepare, and can be executed by anyone who can give a hypodermic injection. In enterocolitis the solution used is a normal salt solution of water. The water should be distilled and sterilized, if possible, or, if time presses, ordinary boiled water can be used. The temperature of the solution should be 105° F. in the douche-bag, as about 4 or 5 degrees of heat will be lost in the introduction of the liquid into the body. A normal saline solution contains 0.6 per cent. of sodium chloride in distilled water, or practically 2 small teaspoonfuls of pure salt to a quart of water. The apparatus necessary for injecting the water into the tissues consists of a douche-bag with rubber tube to which has been attached a small aspirating-needle. The parts selected for the injection are preferably the abdominal walls on the side, the upper and outer parts of the thighs or the flanks. In desperate cases, the fluid may be introduced directly into the peritoneal cavity. The skin should be thoroughly scrubbed and sterilized, and the needle also. The operator having filled the douche-bag with the solution, gives it to an assistant, and then, pinching up a fold of the skin in the site selected, introduces the needle down through the integument into the cellular tissue underneath the skin; having satisfied himself that the needle is in proper position, the assistant slowly raises the douche-bag about eighteen inches, and the solution enters the subcutaneous space. The amount of liquid to be introduced will vary somewhat with the age and condition of the patient. In a child of from six months to one year of age, from 5 to 6 ounces are not too much as an initial dose. In a child of sixteen months to those of two and three years of age from 6 ounces to $^1/_2$ pint may be used. About twenty to thirty minutes are consumed in the operation. The resulting tumor from the injection is quite large, but it usually disappears quite rapidly by absorption. The injection may be repeated, if necessary, within an hour or two, and even a third may be required. Local anæsthesia is unnecessary. The first effects noticed following hypodermoclysis have been a strengthening of the pulse, a lowering of the high temperature, and an improvement in the cerebral symptoms. The regular treatment of the case can then be resumed after the injection has fulfilled its indications. This method of treatment has been personally used in seven cases, and recoveries have been obtained in all.

This method is not intended to supersede bowel irrigation, but to be used in the severe cases where one cannot get results from other measures. H. N. Read (Brooklyn Med. Jour., Feb., 1902).

EPISTAXIS.

In the treatment of epistaxis, the following method has been found satisfactory and successful because it meets the anatomical requirements.

A strip of heavy antiseptic gauze or sterile old linen an inch wide, and fifteen inches long, is mounted on a substantial probe or dressing forceps, and carried back about two inches, and a fold of the cloth strip is pressed down solidly

on the nasal floor; upon this pyramid another fold is placed, this being repeated until the nasal cavity is compactly filled. When the packing is removed, twenty-four hours later, it unfolds with comparative ease and without the uncertainty of remnants remaining in the nares, possibly causing sepsis. If done thoroughly, it will not often be necessary to plug the nose posteriorly.

In a small percentage of cases the hæmorrhage will still persist despite any and all of these measures, as in the case of an old lady who had cancer of the liver, in whom a successful tamponing of the nose resulted in a hæmorrhage from the ears and throat.

In constitutional cases the internal remedy is of the greatest value. In cases of hæmophilia either phosphorus, nitric acid, or hamamelis is indicated. In patients suffering from cardiac derangements such remedies as cactus, strophanthus, or strychnine will be indicated. Patients whose hæmorrhages depend upon liver derangements will be relieved by nux vomica, hamamelis, or ipecac. The nose-bleeds of scrofulous children are controlled with cyanide of mercury.

The cessation of the hæmorrhage imposes a second duty, that of preventing a recurrence. If of general origin, the hæmophilic tendency must be cared for or the heart assisted, the liver corrected, the hæmorrhoids treated, etc.

The most frequent local causes are septal ulcerations or septal spurs, which, if uncared for, are sure to produce another hæmorrhage.

Excepting its infrequent physiological occurrence, nose-bleed always means local or general disease, and this safety-valve symptom of warning ought to be lifted from its present undiscovered isolation and given a place commensurate with its clinical significance and importance. O. L. Smith (Jour. of Ophthal., Otol., and Laryn., Jan., 1902).

FRACTURE, REDUCTION OF COLLES'S.

Reduction is the all-important part in the treatment of Colles's fracture. No retentive dressing—however complicated it may be—will secure a perfect result unless complete reduction has preceded its application. Although these statements hold true for all cases of Colles's fracture, they apply more particularly to the impacted variety; and it is in this class of cases that the method of reduction here described is recommended.

The patient's hand is grasped by the surgeon as is done in hand-shaking. With his other hand the surgeon grasps the upper fragment in such a manner that his thumb is placed on the dorsal surface of the fragments at the side of fracture. The patient's hand is then hyperextended on the forearm—dorsal flexion—till the fragments are unlocked. After this has been done, the lower fragment is displaced distally by the thumb, which has remained at the site of the fracture, till the dorsal surfaces of the fracture are in contact. The fragments are held in this position by the thumb while the hand is flexed, which brings the lower fragment into proper position. The first movement—dorsal flexion of the hand—unlocks the fragments by increasing the deformity. The ventral surfaces and the broken ends of the fragments are widely separated, while their dorsal surfaces are left in contact and no injury is done to the untorn periosteal bridge—on the dorsum—which connects the two fragments. The second movement, displacing the lower fragment distally with the thumb, brings the dorsal edges of the broken surfaces in contact. Then flexion of the hand brings the

lower fragment into line with the upper, and the periosteal bridge, on the dorsum, prevents recurrence of the deformity when the forearm is pronated.

The advantages of this procedure are: 1. The force is applied in such a manner that the patient cannot resist the movements. This renders anæsthesia unnecessary, except for the pain, which is of short duration and rarely requires narcosis. 2. The periosteal bridge on the dorsum of the break is not injured by the manipulations. 3. Perfect reduction is rendered possible owing to the fact that the fragments are completely unlocked. J. G. Sheldon (American Medicine, Dec. 21, 1901).

HÆMORRHOIDS, OPERATION FOR.

The following method seems to be the most rational of all methods for the radical treatment of hæmorrhoids:—

In a case of well-defined internal and external hæmorrhoids one should give, the second night before the operation, from 2 to 5 grains of calomel in broken doses, in combination with subnitrate of bismuth and pepsin, followed, on the next morning, by $^1/_2$ ounce of Rochelle or Epsom salts. At 9 o'clock the night before the operation the anus is to be shaved and a bath and a colonic flushing given. At 7 o'clock the following morning an enema of from $^1/_2$ to 1 pint of cool water is given, the operation being performed two hours later. The patient, being anæsthetized with either a local or general anæsthetic, is held upon the operating-table in the lithotomy posture by means of a Clover crutch. The sphincter is then gently and carefully divulsed with the fingers, and the rectum irrigated with an antiseptic solution, usually bichloride of mercury 1 to 3000, followed by normal salt solution. Each anal quadrant is now grasped at the muco-cutaneous junction with a pair of T-forceps (Fig. 1). These are held by assistants. By means of these instruments the anus is everted and the internal tumors exposed (Fig. 2). Now, seizing with the full hand the forceps attached to the posterior quadrant, one should fully evert it, and, with a pair of scissors sharply curved on the flat, remove an ellipse from the apex of the hæmorrhoid commensurate with the size of the tu-

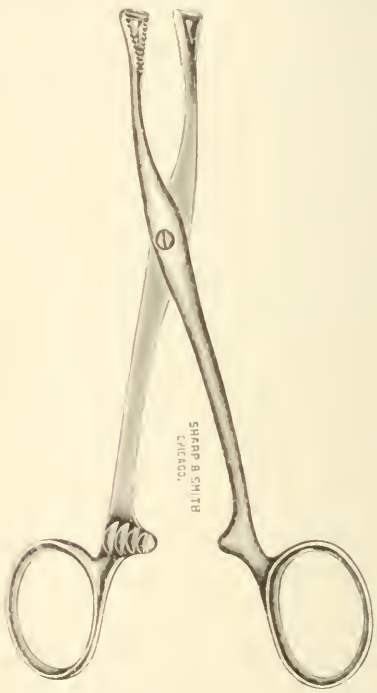

Fig 1.—T-forceps.
(Journal of the American Medical Association, Dec. 21, 1901.)

mor. This permits most of the blood in the tumor to escape. All of the angiomatous tissue is now carefully removed, when the remaining wall collapses. This leaves a very small area, if any, of denuded surface (Fig. 3). Each quadrant in regular order is treated in like manner. A stream of hot, sterilized, saline solution—115° to 125° F.—flows over the field continuously during the operation. Any spurting vessels are caught with a pair of forceps and thor-

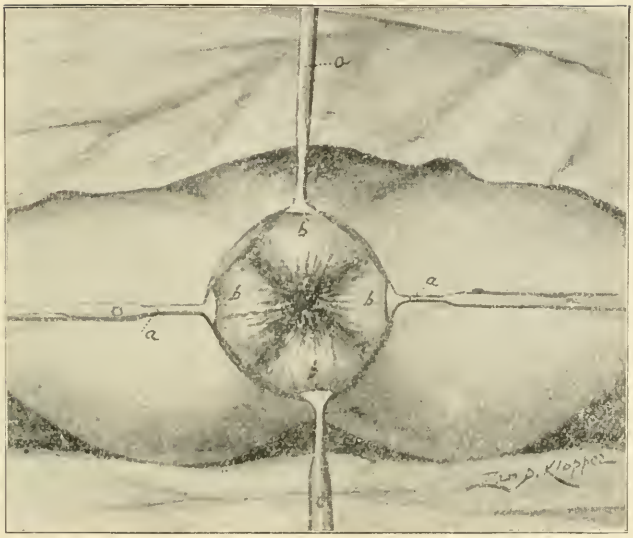

Fig. 2.—Diagram Illustrating the Application of the T-forceps (*a*) to the Muco-Cutaneous Junction and the Exposure of the Hæmorrhoids (*b*).

(Journal of the American Medical Association, Dec. 21, 1901.)

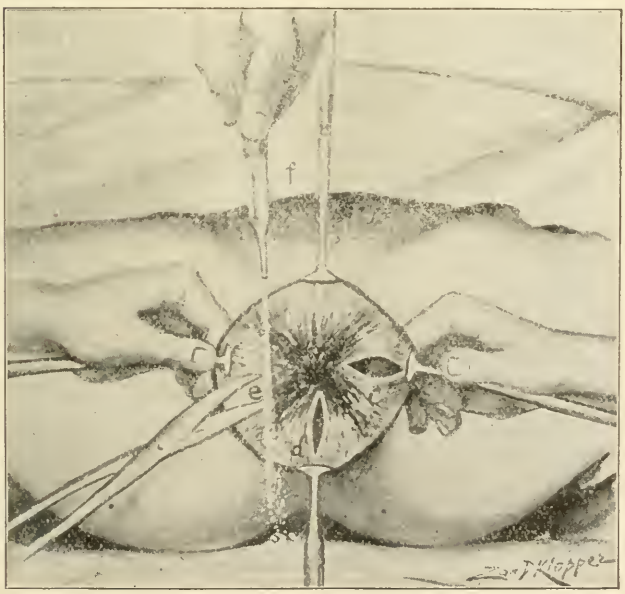

Fig. 3.—Diagram Illustrating Method of Operating. *e* Shows the Removal of an Ellipse from the Apex of the Hæmorrhoid; *f*, Hot, Saline Solution Flowing over the Field of Operation.

(Journal of the American Medical Association, Dec. 21, 1901.)

oughly twisted. Should this fail to control the hæmorrhage, a ligature should be thrown around the vessel to ligate it.

The T-forceps are then removed, and all external tumors and tabs of skin cut off with a pair of straight scissors, care being taken not to make an incision in the muco-cutaneous junction, when it can be avoided, as this is the most sensitive point around the anus. This same precaution should also be observed when removing the internal tumors. The field is then dusted with some antiseptic powder, and a rubber-covered tampon introduced through a bivalve speculum.

The tampon is allowed to protrude about 1.5 inches beyond the anal orifice. Gauze is carefully wrapped around the protruding portion and packed close to the anus. The anchoring string of the tampon is wrapped around a piece of gauze held close to one side of the tube, and woven in with the other dressings, so as to prevent the tampon slipping into or out of the rectum. Over this is placed gauze, cotton, and a T-bandage, which is made quite taut. The patient is then placed in bed.

By operating in this manner there are no tender and obstructive stumps to slough, nor nerves caught and squeezed, producing most excruciating pain, as there are when the ligature method is used: neither are the nerves and tissues painfully burned, as when the clamp and cautery are employed. In lieu of this, a fibrinous exudate is deposited over the operated field, which exudate is neither destroyed nor disturbed upon removal of the dressings. Moreover, the danger of stricture is obviated. Neither is the anal orifice contracted, as it necessarily is after either of the above operations.

At the end of forty-eight hours the patient is given a cathartic and the tampon removed.

From this time on until convalescence is well established the parts should be washed or irrigated twice a day with an antiseptic solution, and dusted with some antiseptic powder. After the bowels have moved the patient is instructed to keep them soft for two or three weeks. For this purpose Apenta water is very palatable and effective. Should the patient complain of pain or an aching sensation, a hot sitz-bath of twenty minutes' duration is given. As a detergent, small pieces of wet cotton or cottonoid are used. Paper and other hard and rough substances are interdicted.

Patients are out of bed in a week and often in less time. J. Rawson Pennington (Journal of the Amer. Med. Assoc., Dec. 21, 1901).

HEART-STRAIN.

The treatment should be prophylactic, hygienic, dietetic, and medicinal. Prophylactic treatment in civil life would require elimination of corsets and belts from ordinary dress; a quiet, well-regulated life, avoiding overexertion or any exercise that would produce a profound impression upon the heart. In military life it requires such an adjustment of accoutrements and exercise as will prevent overwhelming of the heart in its efforts to carry on the circulation in the body.

Hygienic treatment involves a well-regulated exercise, fresh air and sunshine, a well-ordered life and avoidance of excesses in any direction, systematic bathing of such temperature and character as will not produce shock, regular meals and sufficient sleep, and the avoidance of all dissipation.

Dietetic treatment is particularly needful in advanced cases. All forms of food which have a tendency to the production of gas in the stomach or in-

testines, and all classes of food which produce digestive disturbances of any kind, should be prohibited. Where the work of the heart is excessive, liquids should be limited.

If blood-pressure is low, liquids should be administered to lessen resistance and increase elimination. Hence, the condition of the pulse-tension, the force of the heart's action, and the quantity of urine will serve as guides to the amount of liquid required.

In cardiac asthenia when dilatation is present, a dry diet is indicated. If the kidney is not involved, a nitrogenous diet should be prescribed, as milk, the pulses, eggs and meat, gluten bread, almond-meal, etc. If the disease is not of a severe type, other vegetables, such as onions, asparagus, lettuce, and tomatoes may be allowed. Supper should be the lightest meal of the day. If patients are thirsty when on a dry diet, hot water may be taken between meals. Sometimes milk and lime-water, lemon-water, or a weak solution of phosphoric acid will afford relief, and may be given. Toast, nut-foods, nuts, and fruits often act well. If compensation is failing and digestion is disturbed, the chief reliance is in liquid nourishment. The feedings should be small in amount and frequently repeated. Rest in bed is essential. Sudden dilatation requires rest in bed and a milk diet. Hypertrophy may require rest in bed and a non-stimulating diet. Well-cooked fruits may be given. The bowels must be kept open. If hypertrophic congestion of the liver occurs, some depletion may be required, and a diet of milk or whey and soda and lime-water administered.

Before medicinal treatment is begun the cause should be removed, if possible. In cases where asthenia is present digitalis and strychnine are the most important remedies; the addition of tonics will restore the tone of the heart and reduce its rhythmical activity. If these agents do not act well, some substitute for them must be found. There are three substitutes for digitalis which may be used alternately with that remedy, or in place of it, as circumstances may demand; these remedies are convallaria, strophanthus, and in some cases caffeine.

For hypertrophic overaction aconite is often useful, but it should be used with great caution. For distress at night, belladonna, hyoscyamus, and cannabis Indica are valuable remedies. Occasionally bromide of potassium or bromide of sodium and codeine may be required, though usually it is better not to use these preparations nor opium. J. M. G. Carter (Medical News, Jan. 11, 1902).

INSANITY, ACUTE.

As the years go by less use is found for drugs in the acutely insane. However, those drugs which are most reliable and safe are:—

1. **Hypnotics.** — In states of elation with insomnia and motor excitement, sulphonal is the only drug when hydrotherapy fails. It sometimes needs the addition of hyoscine hydrobromate, sometimes simply potassium bromide. The first dose should be 20 grains, dissolved in hot whisky-sling and administered at 8 P.M., repeated, if necessary, at midnight. If hyoscine is used with it, $^1/_{100}$ grain should be injected hypodermically one-half hour after the sulphonal is taken, and repeated in an hour if sleep and quiet have not resulted. The hyoscine is indicated, as a rule, only in those cases offering resistance to the effects of sulphonal.

In depressed cases with insomnia, trio-

nal, chloral, and paraldehyde are the only drugs deserving routine use.

2. **Motor Depressants.** — Of this class there are but one or two drugs worth considering: potassium bromide in doses of 15 to 30 grains, repeated at an hour or two-hour intervals for mild cases of motor excitement, and hyoscine hydrobromate in doses of $^1/_{100}$ grain hypodermically for cases showing extremely violent tendencies or such a degree of activity that other means fail. Should the first dose be not sufficient, it can be repeated in half an hour, and even a third dose three-fourths of an hour afterward.

3. **General Sedatives.**—Potassium and sodium bromide; very rarely opium, in the form of codeine or morphine; asafœtida, in 1- to 3-grain doses; and occasionally the valerianates comprise the list for this purpose.

4. **General Tonics.**—A vegetable tonic with a base of calisaya or of gentian and a simple form of iron, a preparation of hypophosphites or glycerophosphates, and in some cases a combination of maltine and codliver-oil are all the aids to exercise and hydrotherapy that will be required. Their administration should not be commenced, however, until the patient is on a general diet. Arthur McGugan (American Medicine, Feb. 22, 1902).

LEUCOCYTES, CHANGES OF, IN DISEASE AS AN AID TO DIAGNOSIS AND PROGNOSIS.

Physiological leucocytosis is met with during the digestion of food, in pregnancy in primiparæ, in the newborn, and after violent exercise. The blood should never be examined for leucocytes during digestion, but in the fasting condition. The leucocyte-count has been found most useful in such acute infectious diseases as typhoid, malaria, tuberculosis, influenza, whooping-cough, measles, scarlet fever, diphtheria, and pneumonia. Leucocytosis in typhoid fever points at once to some complication, often a perforation. In diphtheria, according to Engel, a high percentage of myelocytes is a very bad sign. The absence of leucocytosis in an uncomplicated tuberculosis is of value in differentiating it from other diseases; its presence points at once to a secondary infection with pyogenic organisms: a matter of much importance in cases of bone tuberculosis. A mild leucocytosis after ether anæsthesia is of special interest to the surgeon. A marked leucocytosis is sometimes observed after the administration of large doses of the coal-tar products, and it is probable that further study along this line will elicit information of value in connection with the diagnosis of secret drug habits. One can no longer doubt the very great value of eosinophilia as a diagnostic sign, even in sporadic cases of trichinosis. There is probably no surgical disease in which the leucocyte-count is of more practical value than in appendicitis. It may be the only means of diagnosis in the fulminating cases. T. R. Brown (Medical Record, Feb. 1, 1902).

LEUCOPLAKIA.

The patient should be counseled to give up tobacco and alcoholic drinks; to avoid hot foods, acids, and condiments. If a bad tooth seems to be the cause of the trouble, it should be extracted or its cavities filled and its edges rendered smooth. If an ill-fitting plate is worn, it should be discarded and a more nearly perfect article be procured. Antiseptic and alkaline mouth-washes are useful. An application consisting of $^1/_2$-per-cent. corrosive sublimate and 1-per-cent. chromic-acid

solution has been recommended by Schwimmer. The same writer has advocated the local use of papain, 1 part being dissolved in 10 parts each of distilled water and glycerin. In a case affecting the upper lip and tongue, H. Niemeyer, by the application of this solution once every day, obtained complete healing of the tongue and decided improvement of the lip in seventeen days. Sherwell claims speedy improvement, after the application two or three times a day, of undilated mercuric nitrate, protecting the adjacent parts with absorbent cotton and neutralizing with sodium bicarbonate and glycerin.

Cauterization of the lesion is advised by some and discountenanced by other authorities. The thermocautery, galvanocautery, and solid stick of silver nitrate have been made use of for this purpose. Dujardin-Beaumetz wrote approvingly of a suggestion put forth by Kobner, of Berlin, who administered belladonna prior to the operation, in order to check supersecretion of the saliva, which will rapidly remove the eschar.

The general treatment of the disease must be regulated according to the predisposing causes. If the patient is syphilitic, he should be placed upon specific remedies, although these have no influence upon the leucoplakia in the absence of active syphilis. Digestive disorders, lithæmia, etc., should be managed upon general principles. In this class of cases Hertzka saw a cure from a course at Carlsbad. J. V. Shoemaker (New York Med. Jour., Nov. 23, 1901).

LIVER, ALCOHOLIC CIRRHOSIS OF THE.

Since alcohol is the chief agent in the production of those conditions of the digestive tract necessary to the development of cirrhosis, it must be entirely suppressed, and a milk diet should be given. The quantity to be taken should be from 3 to 4 liters daily. The patient may take $^1/_2$ liter every three and a half hours or 250 grammes every two hours; he should begin by taking 1 liter a day and increase $^1/_2$ liter every day, for it is rare that the patient can take the 3 liters at the start. Some patients enjoy the benefit of this milk diet for a short time only, and then develop such a dislike for it that they cannot bear the sight of it. This disgust is often induced by the fermentation of some of the milk that remains in the mouth, and may be prevented by washing the mouth with Vichy after each one of the meals.

The diet should be continued until the gastro-intestinal symptoms and the congestion of the liver that are frequently present at the beginning of treatment have subsided. In early and simple cases a week or two may be sufficient; in more advanced cases it should be continued for from two to four months. In any case, it is gradually relaxed in favor of eggs, vegetables, etc., meat being returned to last of all. At the beginning of treatment a purgative is given and later mild laxatives at intervals. The patient should take advantage of rest, open air, moderate hydrotherapy, and lead as careful a life as his financial situation and occupation will permit.

In the moderate cases of cirrhosis before ascites these hygienic measures may be sufficient.

When ascites develops, it is all important to differentiate between the atrophic and the hypertrophic forms of alcoholic cirrhosis. In the atrophic variety there is menace at once from the circulatory obstruction and from the glandular destruction. Nevertheless, the treatment should be pursued on the same lines as

previously stated, being supplemented by paracentesis and the judicious use of purgatives and diuretics.

The general treatment is again the same in hypertrophic cirrhosis after the development of ascites. Its success will depend very largely on the nature of the ascites. If the accumulation of fluid is due to the mechanical obstruction in the portal system, it indicates an advanced stage of cirrhosis, and frequent tappings will probably only precipitate the end. Such a fluid is pale and non-fibrous, contains but little albumin and but few cells, and leaves a solid residue of about 2 per cent.

If the ascites be due mostly to the coexistence of a perihepatitis and chronic peritonitis, complete rest, together with the milk diet and removal of the fluid, may do much for the patient. This ascitic fluid is fibrinous, albuminous, rich in blood-cells, and contains a residue of about 4 per cent. G. M. Converse (Medical News, Feb. 8, 1902).

LIVER, CIRRHOSIS OF THE, IN CHILDREN.

Interstitial hepatitis in infants is most probably syphilitic. In older children the disease may occur apparently without any other tissues being involved; yet it is the outgrowth of some systemic disorder. Alcoholism, the most frequent single cause, according to Dr. Dawson Williams, accounts for about one-sixth of all the cases in children. Among the users of alcohol, the young are indifferently cared for, irregular feeding and poor personal hygiene making children cross and unhappy, necessarily to be quieted by gin, brandy, and the various alcoholic anodynes to secure temporary comfort from the results of improper and irrational feeding. The amount of aromatic wines, cordials, essence of pepsin, gin, etc., systematically administered to infants by shiftless and ignorant parents to offset care and attention can never be known, except as one sees the unfortunate results in the hospitals and dispensaries of our large cities. This factor in the production of cirrhotic livers in young children has never been sufficiently recognized. It is not only found in the very poor, but in the underfed babies of the rich that are intrusted to careless or indifferent nurse-maids, who are surreptitiously administering to their young charges gins and aromatic anodynes sufficient to secure the child's quietude.

General tuberculosis is sometimes accompanied by fibrosis of the liver; about one-third of the cases of hepatitis follow in the wake of acute infectious diseases, typhoid fever, measles, and scarlet fever. Most of the cases of fibrosis of the liver in children are hypertrophic, except the alcoholic in the last stages. The early picture is blurred by the ever-present evidence of the symptoms of indigestion. Restlessness at night for many months perhaps, flatulence, occasional vomiting, constipation alternating with diarrhœa, and evidence of dyspeptic diarrhœa, with feverishness, will be noticed; sallow skin, earthy in places, harsh and dry; elevated hair-follicles, with a putty-colored skin; soon come dark circles under the eye and loss of flesh, especially noticeable in the arms and legs. After this train of symptoms has existed for some months, improvement, alternating with many relapses, takes place. On closer scrutiny, one will find the abdomen larger than usual, and on palpation fluid will ofttimes be discovered. The first pronounced characteristic symptoms are ascites, with wasted, waxy limbs, and some œdema ofttimes of the feet. The stigma of fine, dilated veins on cheek or nose or

in the ear will ofttimes be a finger-board to diagnosis. Larger veins are found on the abdomen, forming four or five large branches running down from the xiphoid cartilage to the groin. These veins communicate above with the epigastric and internal mammary and below with the iliac and saphenous veins. The enlarged liver may be palpated, unless dropsy is extreme, and the enlarged spleen is better felt with the child on all fours. The nose bleeds easily, and occasionally hæmorrhoids form or slight bleeding from the bowels is an associated symptom. W. C. Hollopeter (Medical News, Feb. 8, 1902).

MALARIAL DISEASE, PREVENTION OF.

Attention to the following simple rules will usually suffice to prevent malarial infection:—

1. Avoidance of fatigue and excesses of all kinds. Judicious, liberal diet. The use of alcoholic beverages in small quantities, particularly in warm countries; spices and condiments in small quantities; coffee, on account of its tonic properties.

2. The drinking-water should be boiled and filtered carefully unless its purity is unquestionable.

3. Avoidance of exposure at night, which is the time the *Anopheles* usually bites. The protection of the dwelling-house from mosquitoes by the use of fine wire or other screens. The destruction of those mosquitoes which have gained entrance into the house. The screening of beds at night.

4. The destruction of mosquitoes by the draining of stagnant holes, pools, drains, and other breeding-places, and the destruction of the larvæ by the use of petroleum thrown on the surface of those pools which cannot be drained. One ounce of petroleum to fifteen square feet will destroy the larvæ, and continue to prevent their development from two to four weeks.

5. The isolation of the malarial patient from the *Anopheles*, should it exist in the same locality.

Even without the auxiliary action of quinine, the system carries on a more or less successful warfare against the plasmodium of malaria. In this combat the leucocytes appear to play an important rôle. Those suffering from debilitating diseases are usually more susceptible, and are wont to suffer from many relapses. Tonic treatment is, therefore, indicated, and iron in some form should be administered.

Sometimes it will be necessary to stimulate the hepatic function by the use of cholagogues. Extractum belæ fructus liquidum is an excellent remedy for the enteric complications of malarial infection. C. C. Beling (New York Med. Jour., Dec. 7, 1901).

NARCOTIC DRUG HABITS.

The chief essential in the successful treatment of these cases is elimination, both of the drug and of the effete material with which these patients are surcharged.

At least six of the most troublesome and dangerous complicating symptoms have their origin in a perverted function, viz.: deficient excretion. These are intestinal colic, nausea, vomiting, diarrhœa, labored and deficient heart-action, and collapse. By thorough elimination these may be prevented altogether, and a number of the other symptoms of nervous and mental origin greatly modified, if not entirely avoided.

While morphine markedly retards secretion and excretion in one not habituated to its use, after a time in drug-

users these functions are performed at least at a living rate. The excretory force that is most impaired is peristaltic action. This is always greatly retarded and much of the time completely suspended. In emptying the bowels free peristaltic action is essential. If free peristaltic action is excited while the system is still under the sedative influence of morphine, little, if any, distress occurs, and the alimentary canal can be thus thoroughly and pleasantly emptied.

Strychnine has more power to stimulate than morphine has to retard peristaltic action, but in its administration the dosage must be commensurate with the condition to be met. Ordinary medical doses are not sufficient. In order to establish its effects on the system not only a sufficient quantity to produce that effect on a normal person must be given, but an additional quantity sufficient to overcome the semiparalyzed condition of the sympathetic nervous system and excite free peristaltic action. Doses of $^1/_{24}$ to $^1/_8$ grain, given at intervals of two hours until four such doses were given, are usually sufficient.

Another drug that is useful in these cases is ipecac. Their tolerance for ipecac is about four times as great as in a normal person. The quantity of other evacuants—as calomel, cascara, etc.—need not be increased if given in connection with strychnine.

The combination found to act most pleasantly and efficiently in these cases is the following:—

℞ Calomel, 10 grains.
Powdered extract of cascara, 10 grains.
Powdered ipecac, 2 grains.
Strychnine sulphate, $^1/_6$ to $^1/_2$ grain.

M. Make four capsules.

Sig.: One every two hours until all are given, preferably at 4, 6, 8, and 10 P.M.

These should be taken on an empty stomach, and the stomach kept empty until the purgation is completed.

During the time these capsules are being given a sufficient quantity of the drug that is being used should be administered to keep the patient in a comfortable condition for twelve hours, and, as a rule, this should be the last of his drug used.

To insure that nothing be left in the bowel a bottle of citrate of magnesia should be given eight hours after the last capsule, and repeated at intervals of two hours until the entire digestive tract is empty.

During the time this evacuating course is acting a hot bath should be given, preferably a vapor-bath, followed by a thorough scrubbing of the surface of the body with soap and hot water. Then the patient will be clean inside and out, and at least six of the most distressing and dangerous symptoms met upon the withdrawal of morphine will be avoided. However, should the heart be weak or, for any reason, need support, sparteine sulphate, 1 to 2 grains hypodermically every four to twelve hours, will give uniform and efficient support.

With elimination thoroughly accomplished and the heart's action supported by sparteine, the supply of morphine may be at once stopped, no matter how large a quantity the patient has been using, without danger to life, and without colic, diarrhœa, vomiting, or the slightest appearance of collapse; but many, if not all, of the nervous and mental symptoms will develop and continue for from twenty-four to seventy-two hours. These symptoms are, in the strictest sense, a product of the drug, and not, properly considered, due to the lack of it. In

other words, the anæsthesia caused by the primary effects of morphine, when taken by an *habitué*, is succeeded by a hyperæsthesia equally marked and of greater duration. This hyperæsthesia has a natural limit, and terminates when the effects of the drug on the system have become exhausted.

With proper treatment, these painful symptoms can also be avoided, and that treatment need not exceed twenty-four to forty-eight hours after elimination has been completed. At the end of that time all medication may be discontinued and the patient thereafter remain in a state of comfort, and free from all craving for the drug.

The remedy that will most effectually meet this condition, after the patient is prepared for it, is hyoscine hydrobromate.

The administration of hyoscine should be begun at the completion of the eliminating course above referred to, or as soon thereafter as abstinence symptoms begin to manifest themselves. The dose of hyoscine varies greatly with different individuals, the range being from $^1/_{200}$ to $^1/_{50}$ grain at intervals of from thirty minutes to six hours. At first the smaller doses should be given and repeated at short intervals until sleep is induced, or at least until the patient is free from all pain. After this the doses should be of such size and given at such intervals as are necessary to overcome all painful symptoms and keep the patient entirely comfortable.

The administration of this agent should not be left to a nurse, but the physician in person should remain with the patient.

Patients should be kept steadily impressed with hyoscine for twenty-four hours from the time abstinence symptoms begin to make their appearance; then its effects should be allowed to subside. If at the end of this time there should be a desire for morphine or the patient be at all uncomfortable from abstinence symptoms, a full dose of hyoscine should be given, and after its effects have subsided it should be repeated, if necessary, until the patient expresses himself quite free from all desire for morphine, and abstinence symptoms do not return.

No after-treatment is necessary or should be given except in very unusual conditions. The patient should be thrown on his own resources as quickly and as fully as possible. If the heart is not sound, it should be supported with sparteine until it becomes accustomed to the changed conditions. There is certainly no place in the after-treatment of these cases for either alcoholic stimulants or strychnine, which have been so much used heretofore.

During the period of treatment, and for ten days or two weeks thereafter, until considerable self-reliance has been acquired, the patient should be separated from his family and from all other persons to whom he looks for sympathy. The presence of the physician under whose care the habit was formed, or who has attended the patient during any effort at treatment that has ended in failure, also exerts a very unwholesome influence on the patient.

The course of treatment should not be undertaken at the home of the patient, because the physician's control must be complete during the early part of convalescence as well as during the treatment.

Under this plan of treatment and management the great majority of drug-users can be permanently reclaimed and fitted for useful stations in life. G. E. Pettey (Therap. Gazette, Oct., 1901).

NEPHROPEXY, THE TECHNIQUE OF.

The present method of personally anchoring a movable kidney by capsule proper fixation may be described as follows:—

The patient is placed prone upon the table with the author's kidney air-cushion underlying and supporting the abdomen.

A straight incision is made along the outer border of the erector spinæ from the lower border of the last rib to the crest of the ilium. Should the space between the rib and ilium be unusually narrow, the incision may be carried a little more obliquely, so that its lower end will reach the ilium slightly to the outer side of the attachment of the erector spinæ.

The fibers of the latissimus dorsi should be bluntly separated from each other just over the outer border of the erector spinæ, without opening the sheath of the latter. The transversalis fascia is now split and the perirenal fat exposed. The iliohypogastric nerve is to be drawn to one side or other out of the way of injury. If this cannot be done and the nerve must be divided, the severed ends are to be reunited with catgut after anchoring the kidney and before closing the wound.

The sheath of the quadratus lumborum is opened from rib to ilium along the anterior aspect of its lateral border. The retraction of the cut edges of the sheath will expose a large area of raw muscle.

Now the kidney is freed as far as necessary by blunt dissection with the fingers, aided by an occasional clip of the scissors.

The kidney, with its fatty capsule, is delivered through the wound on to the back. Traction upon the fatty capsule, aided by rolling the patient upward or downward, as may be necessary, on the air-cushion, facilitates this part of the procedure. Should the opening through the walls of the abdomen prove too small for delivery of the kidney, it should be enlarged by nicking the outer fibers of the quadratus near its iliac insertion.

The whole of the fatty capsule should be dissected off and removed, the capsule proper being exposed throughout its entire extent. By palpation the kidney, its pelvis, and the upper end of the ureter are to be explored. Should anything be found to indicate puncture or incision, this is the proper time to perform either.

If removal of the vermiform appendix be indicated, the peritoneum should be opened to the outer side of the kidney, the kidney temporarily replaced in the abdomen, the ascending colon drawn out, one of its longitudinal bands followed down to the root of the appendix, the latter delivered into the wound, and inverted or amputated.

After replacing the intestines, the duodenum, common bile-duct, cystic duct, gall-bladder, undersurface of the liver, and pylorus—all of which are easily reached through the lumbar incision—should be explored. The peritoneal wound is then closed by suture, and again the kidney is delivered to prepare it for anchorage.

The capsule proper of the kidney should be nicked near the middle of the convex border just sufficiently to admit the tip of a grooved director. The director is to be passed through the opening and on beneath the capsule proper, between the latter and the kidney, and upon it the capsule proper is to be divided along the entire length of the convex border of the kidney to half-way around both the upper and lower poles of the organ. The capsule proper should

be separated by blunt dissection on either side of the incision from the kidney-substance, and reflected forward and backward toward the renal pelvis to about midway between the external and internal borders of the kidney. This will leave denuded one-half of the kidney, more or less, the detached portion of the capsule proper being continuous with the still attached portion and turned back upon it like the lapel of a coat. A portion of the detached capsule proper should be resected if too redundant.

Four suspension or fixation sutures of forty-day catgut are passed through both the reflected and the still attached capsule proper, close to their line of junction. Two sutures are placed on the anterior face of the kidney: one at the middle of the upper and one at the middle of the lower half of the organ. The two other sutures are placed at corresponding points of the posterior surface of the kidney. Each suture runs parallel to the long axis of the kidney, and is passed through the reflected capsule close to the line of reflection, then through the underlying attached capsule, and along beneath the latter between the capsule and the kidney-substance, for a distance of two to three centimeters, when it again emerges through the attached and reflected layers of the capsule. A Hagedorn needle should be used with the broad surface running flatwise between the capsule proper and the kidney-substance, to avoid penetration of the latter.

The kidney is then passed with the eight free suture-ends hanging from the capsule proper back into the body. Each suture-end is passed in succession through the abdominal parietes from within outward, four to the inner and four to the outer side of the incision, each suture piercing the tissues at a distance from its fellow of the opposite surface equal to the antero-posterior thickness of the kidney. The sutures to the inner side of the incision will pierce the retracted sheath of the quadratus near its edge, the quadratus itself, and the erector spinæ; the outer sutures will transverse the transversalis fascia and the latissimus dorsi. All of the sutures will emerge upon the surface of the latissimus dorsi at distances from each other equal to those at which they leave the capsule proper, the highest suture-ends emerging immediately beneath the twelfth rib. The sutures should be left untied for the present.

The wound of the muscles and fascia is to be closed by from four to six interrupted sutures of forty-day catgut, passed in such a manner as to turn the raw surface of the quadratus toward the kidney. This is effected by suturing the latissimus dorsi and the lumbar fascia forming the outer lips of the wound to the latissimus dorsi, the sheath of the erector spinæ and the outer lip of the open sheath of the quadratus at the inner margin of the incision.

The eight ends of the fixation sutures should be gently drawn taut to take in slack between the internal surface of the abdominal parietes and the capsule proper, so as to bring the denuded surface of the kidney into contact with the raw surface of the quadratus. The two ends of each of the four suspension sutures are to be tied to each other. The suspension and muscle sutures are buried by closing the skin over them with the intracuticular suture.

The completed operation will leave the denuded convex surface of the outer half of the kidney in snug contact with the raw quadratus lumborum throughout the entire length of the latter from rib to ilium, the upper pole of the kidney projecting slightly upward beneath the ribs

and the lower pole reaching to an equal extent below the level of the iliac crest.

The dressings should be applied across the entire width of the back, smoothly and evenly, as the patient is to lie upon them for a week before changing. G. M. Edebohls (Annals of Surgery, Feb., 1902).

NERVOUS DISEASES, TOXIC DOSAGE IN THE TREATMENT OF SOME.

Failure in the treatment of nervous disorders often results from the use of small and inefficient doses. Thus, the dosage of bichloride of mercury is said to be $^1/_{20}$ to $^1/_{10}$ grain, but to be effective in brain syphilis it is necessary to give the drug hypodermically in doses of 1 or 2 grains a day. Again, the usual dosage of Fowler's solution is between 1 and 10 minims, yet some surprisingly good results have been obtained in chorea by increasing the dose to 30 or even 60 minims three times a day. In neuralgic and neuritic disorders nitroglycerin should be boldly pushed up to the point necessary to cause a cessation of the pain. This drug has proved especially satisfactory. If the large doses cause a throbbing headache, it can be easily relieved by the use of the bromides. W. C. Krauss (Boston Med. and Surg. Jour., Feb. 13, 1902).

NOSE, FRACTURES OF THE.

In fractures of the nose early replacement of the fragments by means of a smooth sound in the nose and the finger externally is advised. Having done this, an external splint should be fashioned out of aluminum or copper so as to form a mold of the whole nose. It is applied with an intervening covering of adhesive plaster, and is held in place with a broad strip of plaster across the face. This external support is of chief importance, but it is also advisable to insert into the nose a spring covered with rubber, or a packing of gauze or cotton for the first three or four days. J. O. Roe (Boston Med. and Surg. Jour., Feb. 13, 1902).

NOSE, GRANULOMATA OF THE.

To differentiate between the granulation tumors due to syphilis and those due to tuberculosis, one will be helped more by the results of physical and bacteriological examination than by the examination of the histological structure. The treatment of tubercular granulomata should be the removal of the growth as completely as possible; this is indicated not only to rid the patient of a focus of bacterial invasion and activity, but also to remedy the local disturbance caused by its presence. The removal is probably best accomplished by means of a sharp curette, being careful to scrape down to the cartilage and well into the surrounding healthy mucous membrane. The syphilitic granulomata will yield to the usual treatment of late syphilis, but surgical interference is not contra-indicated if the growth is sufficiently large to cause considerable obstruction, and this surgical interference may be carried out in conjunction with antisyphilitic treatment. William Lincoln (The Laryngoscope, Jan., 1902).

OTITIS MEDIA, ACUTE.

In an attack of acute middle-ear inflammation, the matter of first importance is absolute rest. The patient should be confined to his room, and, if there is a likelihood of the case being of the suppurative type, he should be kept in bed. The ear must be protected from anything which is likely to increase the inflammation, and stimulating foods, alcoholic liquors, mental excitement, and physical exertion must be absolutely forbidden. A smart saline purge should be

at once administered, and it will often be found useful to start with 5 grains of calomel, followed up in the usual manner with a Seidlitz powder.

Allaying the pain can best be done by the application of heat or cold, or by the combination of the two. Heat may be employed dry by means of the hot-water bag, hot flannels, etc., or moist by instillation. In using hot instillations a temperature of 115° F. will suffice.

The continued influence of heat, however, keeps the ear in a condition of congestion which retards resolution and favors the continuance of the inflammation, while the application of cold (especially to the parts surrounding the ear) often rapidly lessens the inflammation. Hartmann, therefore, suggested the combined action of the two agents, and claimed much benefit therefrom. The region below the auricle is covered with cold compresses or an ice-bag, and warm fluids are instilled into the meatus or hot sponges inserted. This method is the one that is personally employed, and found most useful.

But the best method of all is the application of leeches. From two to four or six, applied just in front of the tragus, will often cut short the pain and inflammation with rapidity. Their application should be followed by dry heat by means of hot flannel or wool. Macleod Yearsley (Treatment, Jan., 1902).

PLACENTA PRÆVIA.

Under modern methods of treatment and reasonable aseptic precautions, the mortality from placenta prævia is not over 10 per cent. in general, and under favorable circumstances, in skillful hands, it is below 5 per cent.; abdominal section is rarely ever indicated; it does not even in favorable cases hold out promise of better than 10-per-cent. mortality; its risks are much greater, and in unfavorable cases its mortality is prohibitive.

The only cases of placenta prævia in which Cæsarean section is ever justified are those at full term, with complete prævia, with a rigid os, and seen before the occurrence of any severe or dangerous hæmorrhage, and with the mother and fœtus in good condition. Such cases would offer the best opportunities and conditions for the recovery of both mother and child, would allow sufficient time for thorough preparation, and would, perhaps, be justified, and in the hands of experienced operators the mortality would be low. F. A. Higgins (Boston Med. and Surg. Jour., Jan. 2, 1902).

PNEUMONIA.

The only curative treatment of pneumonia that one could think of would be something to counteract the poison which is the cause of the disease. Nothing of moment, however, has been done in that direction. Therefore the treatment must be simply that of a febrile disorder, a disorder which has a natural tendency to burn itself out within seven or eight days; and the object must be to maintain the patient's strength, so that the battle may be fought between the germs of the disease and the cellular elements in the patient's body. To maintain these cellular elements in their best fighting trim is what the physician has got to do. Fresh air is a very essential part of the treatment. Local applications may be of use in the early stage. If the patient has much pain, one should blister, as it relieves the patient more rapidly than anything else, if the pain be acute, more especially if the pain be due to the pleurisy. Linseed poultices soothe the patient very much, help his cough,

and do good at the early stages. In some cases ice poultices may relieve the pain and soothe the patient, as they will also tend to reduce the temperature. The first drug that, as a rule, is required is a stimulant, and in a great many cases one does without that at all. Stimulants are given in two big doses. The pulse should be extremely carefully studied to see the effect of the alcohol that is being given. When there is very great tendency to failure of the heart's action, the best drug is strychnine, but it must be given hypodermically, $^1/_{50}$ grain. The dose may be repeated in two, three, or four hours.

If delirium and sleeplessness occur very early in the disease, a dose of morphine may be given by the mouth or hypodermically. Later on, however, opium and morphine should be entirely avoided, when a patient is fully under the influence of the disease. Paraldehyde is extremely beneficial if given in sufficiently large doses: a drachm or a couple of drachms, frequently requiring to be repeated every two or three hours until sleep is produced. In delirious cases hyoscine hypodermic injections have been very beneficial. Middleton (Glasgow Med. Jour., Feb., 1902).

The feature of the method of treatment of pneumonia by the method suggested some time ago by French clinicians consists in the effort to overcome the toxæmia, which is usually the most serious element in a case of pneumonia. The toxic symptoms are best combated by means of large and increasing doses of creosote. The remedy must be pushed to tolerance. An important part of the intoxication in pneumonia that weakens the patient and renders the prognosis more unfavorable comes from the absorption of poisonous products from the intestinal canal. An important accessory feature of the treatment, then, is the administration of intestinal antiseptics and the maintenance of the intestinal canal, as far as it may be possible, in a state of asepticity.

The most important etiological factor and mortality from pneumonia is undoubtedly the toxæmia. The results obtained with direct antitoxic treatment have been most encouraging. R. W. Wilcox (Medical News, Feb. 8, 1902).

PROSTATIC HYPERTROPHY.

In old cases of hypertrophied prostate palliative measures are sometimes preferable to radical measures.

Drainage of the bladder by the suprapubic route is preferable to perineal drainage in cases of cystitis, because the suprapubic method gives the sphincter apparatus more complete rest than the perineal button-hole or fistula.

In recent cases of hypertrophy, in which the patient's health has not been injured by chronic cystitis or nephropyelitis, the dangers of myomectomy or perineal prostatectomy are minimal, and in these cases a radical and satisfactory functional result can be achieved by myomectomy.

Operation must be regarded as a palliative measure intended to enable the patient to evacuate his bladder more completely than before. It will probably have a very limited usefulness, and will be crowded out of practice as the technique of myomectomy or perineal prostatectomy is perfected.

Bottini's operation is dangerous, and must not be undertaken unless most careful measurements have been made. It is often followed by extravasation of urine into the perineum, and perineal section must be done in order to save the patient's life as soon as swelling of the perineum is noticed.

Myomectomy done through a median perineal incision is the operation which promises the best results, and is the operation of choice. It is applicable to the greatest number of cases in which permanent cure may be expected, the kidneys being physiologically sufficient and unimpaired. The perineal fistula will always close spontaneously after the perineal drainage is discontinued, and if enough mucosa has been left there will be no stricture. A. C. Bernays (Medical News, Feb. 22, 1902).

PRURITUS.

The first step in the treatment of itching should be the removal of the cause, when this is possible. Not infrequently this is to be found, especially in the various forms of essential pruritus, in some article of food or drink, or in some drug which the patient takes habitually. Coffee is in many cases the cause of a most annoying pruritus, usually more or less general in its distribution; tobacco in not a few instances is the offending substance; and, last, it should not be forgotten that occasionally it is a symptom of some drug habit, more particularly of the opium habit.

In a fair proportion of cases the itching is a symptom of some internal disease: *e.g.*, jaundice, obstructive or otherwise, frequently gives rise to severe pruritus; chronic nephritis is likewise accompanied in some instances by marked itching; and itching is a frequent symptom of diabetes mellitus, most commonly localized about the genitalia.

The internal remedies employed in the treatment of itching are much less useful than those used locally. The bromides, particularly when there is much disturbance of the nervous system, may be of service, but they should be given in large doses. Cannabis Indica, in doses of 10 minims gradually increased to 30 minims of the tincture, is perhaps one of the most useful internal remedies; and tincture of gelsemium, in 10-minim doses given every half-hour until slight toxic effects are produced, is recommended by Bulkley. In certain cases fluid extract of jaborandi, in 15- to 20- minim doses three times a day, proves useful. Acetanilid, antipyrin, phenacetin, and salol are at times of service; but acetanilid and phenacetin have proved especially beneficial in some cases of extensive eczema and in certain forms of pruritus, in doses of 6 to 8 grains given every four hours. Salol is indicated in those cases in which the pruritus probably arises from absorption of some abnormal decomposition-product in the gastro-intestinal canal. Opium and its alkaloids are directly contra-indicated. However, local remedies must be the chief reliance in the great majority of cases. In mild cases inunctions with some bland fat—such as petrolatum, oil of sweet almonds, or cold cream—will often be sufficient to afford relief. Bathing the part with water as hot as can be borne will in many instances of local pruritus prove very effective.

No local remedy is so generally useful as carbolic acid. It may be used either as an ointment or a lotion. The following lotion is a very cleanly and effective application in all forms of itching:—

℞ Acidi carbolici, $^1/_2$ drachm.
Glycerini, 2 drachms.
Aquæ camphoræ, q. s. ad 4 ounces.
—M.

This should be mopped, not rubbed, upon the affected parts every three or four hours.

If the pruritic area is small, as in pruritus of the anus, a paste such as the following will be found most effective:—

℞ Acidi carbolici, 10 or 15 grains.
Pulv. amyli,
Bismuthi subnit., of each, 2 drachms.
Petrolati, 1/2 ounce.—M.

This paste will be found very useful in the itching of eczema.

Toxic symptoms may follow the application of carbolic-acid ointments to large areas of the skin, and therefore it is safer to use lotions rather than ointments when it is desired to apply this drug to any considerable surface.

Next to carbolic acid menthol may be placed as an antipruritic. This remedy often succeeds admirably in allaying the itching of eczema, and is most useful in many cases of pruritus ani and pruritus vulvæ. As a rule, it is best applied as an ointment or paste. Menthol should not, as a rule, be applied to the face, particularly in children, because its vapors are apt to produce an unpleasant smarting of the eyes.

Resorcin often renders valuable service in the moist forms of eczema when applied as a lotion. The addition of 1/2 per cent. of sodium chloride seems to increase its antipruritic properties considerably.

Thymol will often be found useful in certain forms of pruritus, especially in senile pruritus. It may be applied as a watery lotion in the strength of 1/2 to 1 grain to the ounce.

Bichloride of mercury is sometimes a most useful remedy in that form of pruritus which affects the scrotum and perineum; it is usually best employed as a lotion, in the strength of from 1/2 to 1 grain to the ounce of water, either alone or with the addition of 5 to 8 grains of carbolic acid to each ounce.

Of all the itching diseases of the skin, pruritus ani and pruritus vulvæ are the most annoying and troublesome. In rebellious cases a solution of nitrate of silver, 10 to 60 grains to the ounce of water, or, what is sometimes more effective, spirit of nitrous ether, painted over the parts with a camel's-hair brush every second day, will act more favorably. Crocker finds painting the vulva with compound tincture of benzoin the most successful method of all those he has tried. When the itching is confined to the muco-cutaneous border of the anus a 5-per-cent. ointment of cocaine will produce complete temporary relief. M. B. Hartzell (Therap. Gazette, Feb. 15, 1902).

ROENTGEN RAYS, PATHOLOGY OF THE TISSUE-CHANGES CAUSED BY.

Under the prolonged influence of the Roentgen rays the hairs of the skin become altered in structure, and the small blood-vessels of the integument become narrowed. The nutrition of the superficial strata of neoplasms is reduced greatly, and may even result in necrosis. This easily explains the curative influence of these rays on lupus, carcinoma, and sarcoma of the integument. The part to be treated should not be more than three or four inches distant from the tube. Carl Beck (Boston Med. and Surg. Jour., Feb. 13, 1902).

TEETH, CALCIUM PEROXIDE AS DISINFECTANT FOR CARIOUS.

In a series of experiments with calcium peroxide as a disinfectant for the mouth, it was found that carious teeth kept in a solution of calcium peroxide in distilled water lost their germs in a short time. A tooth-powder containing peroxide of calcium (about 10 per cent.) proved efficient in destroying all germs in carious

teeth in thirty minutes of contact. Sophie Hornstein (Roussky Archiv Patol., etc., Nov. 30, 1901).

TUBERCULOSIS OF THE SKIN FOLLOWING ACCIDENTAL INOCULATION WITH THE BOVINE TUBERCLE BACILLUS.

The expression of opinion by Prof. Robert Koch at the recent Congress on Tuberculosis, held in London, that human and bovine tuberculosis were different diseases, and not intercommunicable, gives a special importance to cases in which man has become inoculated with the bovine germ, with the production of typical tuberculous lesions. Three cases have been personally reported in which men had become accidentally inoculated with the bovine tubercle bacillus while making post-mortem examinations. To these may be added a fourth in which the history throughout is perfectly clear, leaving no doubt as to the bovine origin of the infecting organism.

On July 27, 1901, Dr. G., while performing autopsies on two cows which were the subjects of experimental tuberculosis, wounded the flexor surface of his wrist slightly. Beyond washing thoroughly in water no treatment was adopted, the wound healed promptly, and nothing further was thought of the circumstance until some four weeks later, when the scar was seen to be red, prominent, and somewhat sensitive. It increased in size quite rapidly, and by September 10th there was a nodule in the skin 15 millimeters long by 8 millimeters in width. On September 14th excision was practiced. With a portion of the nodule two guinea-pigs were inoculated subcutaneously, both of which developed generalized tuberculosis. A portion of the nodule was prepared for microscopical examination. Sections stained with hæmatoxylin and eosin show a round-cell infiltration, with a large area of necrosis in the center. Toward the borders of this area are seen numerous giant cells having the nuclei arranged in wreath-like form. The entire process is confined almost wholly to the reticular layer of the corium. In sections stained with carbol-fuchsin an unusually large number of tubercle bacilli are seen, as many as eight being counted in a single field, which is a rare occurrence in tuberculosis of the skin.

Up to the present time there has been no return of the growth.

Such cases as these do not settle the entire question of the transmissibility of bovine tuberculosis to man, but they prove most conclusively that the bovine germ finds soil and conditions in the tissues of man suitable for its multiplication, and that it produces in man its typical effects, notwithstanding the well-established fact that the skin is by no means a favorable tissue for its development. M. P. Ravenel (Univ. of Penna. Med. Bull., Feb., 1902).

TUBERCULOSIS, PULMONARY.

At least four classes of employments have a tendency to favor the development of tuberculosis. They are:—

1. Sedentary employments in ill-ventilated apartments, involving confinement in impure air and other unwholesome conditions. This class of occupations is typified by the so-called sweat-shops for the manufacture of various articles of clothing.

2. Employments which necessitate the inhalation of irritating dust and noxious vapors. Such are those of stone-cutters, bleachers, match-makers, needle-makers, file-cutters, grinders, engravers, etc.

3. Employments which involve the

overuse or abuse of certain muscles. These are athletes, prize-fighters, gymnasts, wrestlers, professional bicycle-riders, ball-players, etc., a large proportion of whom die eventually of phthisis.

4. Employments which involve undue familiarity with intoxicants. These are those connected with manufacture and sale of wine, beer, and the various classes of alcoholics. Tatham's tables show that, taking the average mortality from consumption at 100, that of publicans is 140, of brewers 148, and of bartenders 257.

The principal measures of prevention now recommended are as follow:—

1. The proper disposal of tuberculous sputum.

2. Control of milk and meat supplies.

3. Notification of the Board of Health of all cases of tuberculosis.

4. Sanitaria and hospitals for consumptives (in sanitary dwellings).

5. The prevention of overcrowding, defective ventilation, damp, and rain.

6. Healthful occupations, with healthful conditions for carrying them on.

7. Residence in rural districts, with favorable climatic conditions.

8. An abundance of sound and wholesome food.

9. Personal cleanliness and public hygiene.

10. Isolation and disinfection of consumptives.

The figures showing the death-rates at intervals of fifty years combine to teach the encouraging fact that *the death-rate from consumption is steadily decreasing throughout the civilized world.* So marked is the improvement in this direction that it is not too much to say, as one writer has done, that the average individual of to-day "is exposed to a risk of dying from phthisis in a degree about three-fourths as great as that to which his parents were exposed, and only one-half as great as that to which his grandparents were exposed.

In seeking for the causes of this gratifying improvement one fact stands out above all others, and including all others, namely: that *this decrease in the death-rate from consumption has been coincident with better circumstances on the part of the people, increased intelligence of the masses, and the general progress of the world in all the arts of civilization.* J. M. French (Medical Examiner, Dec., 1901).

TUBERCULOSIS, PULMONARY, BLOOD-EXAMINATION IN.

In the first stage of pulmonary tuberculosis cases may be divided into two groups: First, those persons who have shown a marked predisposition to tuberculosis and who possess the characteristic cachectic appearances; and, second, those in whom such is absent, and in spite of the tuberculous lesions the general condition has remained good. In the first class hæmoglobinæmia is present, a reduction in the number of erythrocytes and leucocytes, together with a decrease in the specific gravity. In the second class the blood-condition does not seem to vary from normal. In the second stage of tuberculosis the blood-condition in the first class of cases shows apparent improvement. However, this improvement is merely apparent, and, in reality, means only that a marked concentration of the blood has taken place, thus giving the increase in the constituents. In the third stage of the disease all the constituents of the blood, with the exception of the leucocytes, are markedly decreased. The leucocytes are considerably increased in number, usually from 15,000 to 20,000 being present. L. Appelbaum (Berliner klin. Wochen., Jan. 6, 1902).

TYPHOID FEVER.

During the last few years numerous endeavors have been made to obtain the specific bacilli from the blood of typhoid patients. In many quarters such attempts have met with marked success, the organisms having been found in from 70 to 83 per cent. of the cases examined. While this procedure as a diagnostic measure strongly appeals to the scientific observer, it is scarcely probable that it will be adopted by the clinician for routine employment, except, perhaps, in hospital work. For the proper carrying out of this method at least 5 cubic centimeters of blood are necessary. The discomfiture to the patient in obtaining such an amount is a serious obstacle to the employment of this procedure in private practice. It seems certain that its use should be restricted to those cases in which all other methods of bacteriological diagnosis have been tried without avail.

In considering the bacteriological diagnosis of typhoid fever, as applied to individual cases of this disease, one idea should always be borne in mind. There is no one method by means of which a man can sit down in the laboratory and with ease and positiveness make a diagnosis for or against typhoid in all cases. It is only by bringing into play all the factors that the laboratory can control, by taking these and very carefully working them out, and then going back to the bedside of the patient and there carefully intertwining the results with the clinical picture of the case that a man can say in very many disputed cases that a disease is or is not typhoid fever. H. A. Higley (Medical News, Jan. 11, 1902).

A systematic test of the value of the presence of typhoid bacilli in the blood of typhoid-fever patients was carried out in a series of cases at the New York Hospital. Cultures were made from the blood of 24 typhoid patients. Of these, 17 showed typhoid bacilli in the first cultures, and 3 more showed them during the relapse: a total of 20 positive cases out of 24, or 83 per cent. of the number investigated. Of 16 consecutive cases from the male and children's wards, typhoid bacilli were obtained from the blood of 15, showing that the above percentage was not raised by a selection of patients.

The present series of cases shows that cultures taken early in the disease are more apt to be positive than those taken late in the disease.

The earliest positive results in the course of the original fever were obtained on the fourth and fifth days of the disease. The difficulty in determining the exact onset of the illness, however, makes these days somewhat uncertain. Of three cases in which cultures were made during a relapse, all showed typhoid bacilli in the blood. In these, the onset of the relapse could be accurately determined, and the positive results were obtained in them on the third, the fourth, and the fifth days. Previous cultures in each case had been negative, so that a fresh blood-infection had probably occurred at these early dates in the relapse. The earliest negative results, obtained twice on the eleventh day, were in rather mild cases. From only two patients were cultures positive after the fourteenth day of the disease, and in none was a positive result obtained after a previously negative culture, except when there was a relapse. Of the two patients showing positive cultures in the third week of the disease, one was a severe and fatal case of ambulatory typhoid, positive on the twentieth day. The other case ran a moderately severe course and was complicated by phlebitis of both femoral veins.

Blood-cultures taken on the seventeenth day showed typhoid bacilli; those taken on the twenty-first day were negative.

All who have made blood-cultures agree that bacilli may be obtained from the blood of very mild cases, and that, on the other hand, they may be absent from much more severe ones.

The number of bacilli present in the circulating blood in an ordinary case of typhoid fever is doubtless small. A fluid culture-medium can give but little information in regard to the number present. Nevertheless, it was found not infrequently that only one or two of the three flasks of bouillon inoculated developed typhoid bacilli, the others remaining sterile. It was noted on several occasions also that, where a growth occurred in only one flask, that flask was the one which contained the largest amount of blood. This would seem to indicate, on the other hand, that the number of bacilli present in the blood is very small, indeed, and, on the other, that the most essential factor in this method of making cultures is the large amount of blood used rather than a very high dilution of the blood.

This series leads one to the view that there is, in the great majority of cases of typhoid fever, an invasion of the blood with bacilli during the early weeks of the disease. It is not, however, properly a septicæmia, for the number of bacilli present is ordinarily very small. During the first week of the disease, or at any rate at about the time the temperature begins to fall, bacilli are no longer to be obtained in blood-cultures. With the onset of a relapse, the bacilli reappear in the blood, only again to disappear as the relapse subsides. A. W. Hewlett (Medical Record, Nov. 30, 1901).

In a study of 184 cases of typhoid fever at the Philadelphia Hospital from January 1, 1897, to December 31, 1899, it was found that chilliness and chilly sensations occurred in many of the cases (in 30 of the last 113), but in 8 there were marked chills which recurred and were followed by fever, and 3 simulated malarial chills, but no plasmodia were found in the blood.

Incontinence of urine and fæces occurred in 21 of the cases ending in recovery, and in 13 of the fatal cases; in 2 there was incontinence of urine alone. In 1 of the former the fæces were passed while the patient was taking tub-baths.

Nephritis occurred in 22 of the cases ending in recovery, and in 7 of the fatal cases. Tub-baths do not appear to influence unfavorably the course of the nephritis.

Free sweating occurred in 14 of the cases.

Bloody stools occurred in 9 cases ending in recovery, hæmorrhage in 7 cases; and in the fatal cases hæmorrhage occurred in 6 cases, and hæmorrhage followed by perforation, once.

Twenty of the fatal cases were characterized by diarrhœa, and in 38 of the cases ending in recovery (including the 9 who had incontinence) diarrhœa or loose bowels were mentioned. In many of these cases, however, the diarrhœa was not marked, and in a number of these existed before entrance to hospital, and at the time of entrance, subsiding after the patient had been put to bed and kept on suitable diet. Diarrhœa cannot be looked upon as characteristic of the disease, as it is seen at the present time.

Vomiting occurred in 9 of the fatal cases.

Three of the patients who recovered were tuberculous before the onset of the typhoid fever, and in 1 of the fatal cases tuberculosis also existed.

Boils occurred oftener than the ward-

notes of the cases would lead one to suppose. In 1 case numerous boils were succeeded by ulcers which, for the most part, extended through the skin only, but in a few instances through the muscle also, becoming bed-sores on the sacrum and hips. They were very sluggish and difficult to heal, owing to the greatly reduced vitality of the patient.

One of the patients was pregnant, but there is no record of abortion following. Abortion occurred in 3 cases.

Orchitis as a complication occurred in 2 cases.

Phlebitis occurred in 3 cases, but was not especially noteworthy.

Purulent otitis occurred in 15 of the cases, and appears to have been readily amenable to treatment.

Relapse occurred in 8 cases. These were relapses in the strict sense of the word, not merely recrudescences. One patient had three relapses.

The Gruber-Widal serum-reaction was reported positive in 95 of the last 113 cases, in 13 it was negative, and in 5 the blood was probably not examined. This gives a percentage of 88 in which the serum-reaction agreed with the final clinical diagnosis.

Other symptoms which are not common, and which occurred in a few of the last 113 cases are the following: Retention of urine, 5; petechial eruption, 2; convulsions, 3; and cellulitis of scrotum, tender toes (acroparæsthesia), pleural effusion, insomnia, glossitis, tonsillitis, parotitis, in 1 case each. Herman B. Allyn (Phila. Med. Jour., Dec. 7, 1901).

All parts of the eye and its appendages may suffer disease in consequence of an attack of typhoid fever. The external eye, however, is oftenest involved, and during the typhoid state, with great hebetude, the lower part of the cornea is specially prone to suffer from desiccation and subsequent infection. Catarrhal conjunctivitis is of frequent occurrence, usually, however, of a mild type and yielding to simple collyria of borax or boric acid. During convalescence, and at a later period, phlyctenular disease of the conjunctiva or cornea may arise and, if unchecked, may develop into a sloughing corneal ulcer. Iritis, choroiditis, and vitreous suppuration are not nearly so frequently met with as after relapsing fever. Cataract is also a rare development. Bull states that hæmorrhage into the retina during the height of the fever is not of infrequent occurrence, being most common during the third week. The altered condition of the blood, with the weakened state of the blood-vessel walls, is a ready explanation for the frequent hæmorrhages under the skin and into other parts of the body. The optic nerve may be affected through a basilar meningitis, through hæmorrhage into the nerve-sheath, or through toxæmia, the result of the typhoid poison, producing temporary or permanent impairment of sight, depending upon whether the neuritis is followed by atrophy or not of the nerve-fibers. Weakness of the lens-muscle and asthenopia are of frequent occurrence during and after convalescence, but actual paralysis of either the intra-ocular or extra-ocular muscles, unless there has been an accompanying meningitis, is exceedingly rare.

The prognosis of middle-ear suppuration after typhoid fever is much more favorable than after most of the other infectious diseases. Still, death may result from meningitis. The internal ear may be the seat of primary involvement and the hearing be lost through hæmorrhage or infiltration into the membranous labyrinth. Deafness in the early stage of typhoid fever may rapidly ensue without discoverable ear-lesion and the

hearing again be wholly recovered in convalescence through a lesion of the center of hearing. At the commencement of typhoid fever there may be some erythema of the pharynx, and the tonsils may be swollen. Strümpell considers as specific of this fever whitish elevated patches which appear on the faucial surface of the tonsils and soft palate and later ulcerate. As these patches only occur in cases of a severe type, and last from a week to ten days, they possess some prognostic importance. Typhoid fever may commence as a seeming laryngitis. Post-mortems show that of those dead of typhoid fever, from 10 to 12 per cent. have had some form of laryngeal disease. In the regions where follicular structures are found—namely: at the base of the epiglottis, on the ary-epiglottic folds, over the inner surface of the posterior laryngeal wall—the infiltrations and ulcerations are apt to assume a circumscribed type much like the glandular disease in the ileum. Paralysis of the laryngeal muscles is not of frequent occurrence.

In addition to myopathic paralysis of the laryngeal muscles, the cause may be a central lesion or a lesion in the course of the laryngeal nerves. Search should always be made for an enlarged lymphatic gland, especially along the path of the left recurrent laryngeal nerve, and for pleuritic effusion about the apex of the right lung, pressure from which in either case may destroy, in part or wholly, the function of either of the laryngeal nerves. L. B. Brose (New York Med. Jour., Feb. 15, 1902).

The following symptoms are indicative of relapse in typhoid: Signs in the period preceding the relapse are numerous; the leaden color of the face, an appetite greatly exaggerated in comparison with the temperature and the appearance of the tongue, the persistence of the enlargement of the spleen, the persistence or reappearance of the diazo-reaction of Ehrlich, the feebleness of the agglutinating power, and the absence of diuresis. If at the beginning of convalescence the persistence or reappearance of tachycardia, the disassociation of pulse and temperature, the persistence of enlarged spleen, and the absence of diuresis and hyperidrosis are observed, there is sufficient ground for making the diagnosis of relapse. G. Lemoine (Le Bull. Médicale, Jan. 4, 1902).

The mortality of 947 uninoculated individuals who have suffered from enteric fever in Harrismith, South Africa, from September, 1900, to September, 1901, has been 14.25 per cent. There were 135 deaths among them.

During the same period 263 persons who had been inoculated with typhoid vaccine—for the most part, 6 to 18 months previously—contracted this disease. Eighteen of these cases proved fatal. This is equivalent to a death-rate of 6.8 per cent.

The unmodified fever has been of severe type. Post-mortem examinations have been made in 65 of those who have succumbed. Death was due to toxæmia in 40 per cent., to pneumonia in 26 per cent., to perforation in 14 per cent., to exhaustion, etc., in 20 per cent.

In all the fatal inoculated cases an interval of eight or more months had elapsed between vaccination and the onset of the illness. In 8 necropsies the cause of death was found to be toxæmia in 4, pneumonia in 3, perforation in 1. C. Birt (Brit. Med. Jour., Jan. 11, 1902).

In the dietetic treatment a milk diet is good. For most patients milk presents all the proximate principles necessary for the nourishment of the body, in an easily assimilable form. In addition, it fur-

nishes more water than any other form of diet unless special attention is paid to furnishing water. Where milk disagrees with the patient there is no objection to giving other forms of liquid or semisolid food.

One of the most important points in the treatment of typhoid fever is to give the patient plenty of water. Part of the good that results from the frequent use of enemata of water or saline solutions in typhoid fever comes from the water absorbed. In cases of profound toxæmia it will probably be beneficial to use hypodermoclysis to increase elimination by the kidneys.

It is out of the question in country practice to use the tub-bath; so, as a substitute for the Brand method, one may strip the patient, roll him over on to one side, and place a rubber sheet rolled to the middle under him. Then he is rolled over on to the sheet and the sheet is straightened out. The patient will sink into a hollow and the rubber sheet will form an improvised bath-tub around him. Then a pitcher of water at a temperature of about 80° F., or, if he objects, at 90° F., is poured over him. The water that accumulates around him is repeatedly soused over him by means of a large sponge. As fast as the water becomes warm cold water is added, making it as cold as he will stand comfortably. If the benefit of the Brand method consists in stimulation of respiration, this method should excel the Brand method, for every time the sponge is squeezed over the chest or abdomen the patient takes a deep breath. This bath is ordered whenever the patient's temperature exceeds 102, and the bath is to be continued until the temperature falls below 102. Fifteen minutes usually suffices for a bath.

Of the cathartics, the best is calomel. It may be used on the start and at irregular intervals throughout the disease if the symptoms tend to be irresponsive to other treatment.

Irrigations of the colon have been personally used with a great deal of satisfaction. The irrigation is used by means of a large rubber catheter or small rectal tube. About half a gallon of plain warm water will suffice for an adult, and it may be used almost daily.

The patient should have plenty of fresh air and sunshine. His mouth must be kept clean. He should not be allowed to make any muscular exertion, but his position should be changed from time to time. G. W. Boot (St. Paul Med. Jour., Feb., 1902).

The clinical facts in typhoid fever may be drawn into apposition, first, to show that, from the constant presence of the bacillus in the blood before its presence in the intestinal contents, its presence in the stools only at the end of the first week in small numbers, their rapid increase to their maximum by the end of the second week, and the presence of the "diazo-reaction" at this time most frequently, there must be a colonial development of the organism other than in the intestinal canal; and, second, that from the non-presence of the organism in the blood-current until after the advent of toxic symptoms, together with the constant presence of more or less marked signs of such colonial development in the lungs, and the expectoration of members of such colony, this disease is essentially one of the respiratory tract primarily, the well-known symptoms of the second and third weeks being mainly secondary. If these observations are correct, the treatment of the disease, now limited to the effort to eliminate the toxic products by baths, etc., should be directed more energetically toward the destruction or the

attenuation of the germ in its primary colony, nor is sight lost of the great importance of the destruction of the secondary intestinal colony or of the terminal colonies. A germicide not injurious to the patient has been recently introduced to notice by Dr. Frederick Novy; it is the benzyl-acetyl peroxide, which is germicidal in aqueous solution 1 to 33,000, in the equivalent of the 1 to 1000 bichloride solution. Dr. Novy has found it innocuous to animals even in large doses, and in personal service its active use in this solution by mouth, hypodermoclysis, in the abdominal cavity after laparotomy, and in powders of 3 decigrammes (4 $^1/_2$ grains) t. d., for an indefinite time, has been followed by no ill effects, as it is rapidly eliminated as hippuric acid by the kidneys.

Its application to typhoid fever has been followed by very happy results; its use has been directed to the destruction of the germ in its primary lung colony and also in its secondary intestinal colony, and has been used by hypodermoclysis to combat terminal expressions, with the result that in 24 cases the disease has been limited almost entirely to the expression of intoxication from the primary focus, the intestinal symptoms remaining entirely in abeyance, and the disease has been shorn of many of its most disagreeable features. The mortality in typhoid fever depends upon lung and intestinal fatalities, the siderante cases, those quickly fatal from an excess of intoxication, and the fatal terminal expressions being relatively rare. Therefore, if the influences brought to bear upon the organism producing these fatalities, by destroying its localized colonies, succeed in reducing the mortality, and in diminishing the time lost from the attack, the state will profit largely. Attention need not be called to the importance of disinfecting, in each and every case of typhoid fever, the stools, the urine, and sputum. As to the hygiene of communities, the prevalence of dust cannot be avoided, save by oil sprinkling, but one thing can be avoided: the sprinkling of the streets with water known to be contaminated, a process calculated to increase danger from this disease. It would be better to filter the street-sprinkling supply, and allow the drinking of hydrant-water. Eugene Wasdin (American Medicine, Feb. 8, 1902).

URINARY CALCULI, A NEW METHOD OF CUTTING.

The following method of cutting stones of all kinds, hard and soft, is of great use and of equal simplicity:—

The stone is first of all dipped for a moment into melted paraffin wax. This gives it a very thin coating of the wax (Fig. 2, *E*) and prevents the sticking of plaster of Paris in which it is to be imbedded. As a means of holding the stone absolutely immovable while it is being sawn, the aid of a horseshoe, as shown in the accompanying illustration (Fig. 1), is brought into use. The horseshoe is placed upon a board with its middle exactly over a line (Fig. 1, *A*) previously drawn longitudinally upon the board. This line is to serve as a constant fixed indication of the center of the stone. The heels of the horseshoe may be tilted up by means of a short block (Fig. 1, *B*) placed crosswise under the shoe, so that they will about subtend the center of the stone. The horseshoe is then nailed firmly into position on the board. The stone (Fig. 1, *C*) is now taken into the hands of the operator and carefully centralized opposite the line drawn on the board. Plaster-of-Paris cream is then run round it and over it in such a way as to imbed the stone completely to the

extent of not less than half an inch of covering at any part, and in such a manner that the imbedding plaster also embraces the heels of the horseshoe (Fig. 1, *D*). The plaster is then allowed to set firmly, and, if it can be left for several days until it is thoroughly dried, so much the better, as it is found that the saw works more easily in thoroughly dry plaster. The stone is sawn directly through the plaster which imbeds it in the line previously marked on the board, and a second cut is made through the plaster between the stone and the heel of the horseshoe. If the stone is very large and hard, the board may be fastened in a vise, and the saw-cut made through the board also. This section thus liberated can then be readily detached from the board, and will be found to contain one-half of the stone, which can be easily lifted out of the imbedding plaster, part of which may be cut away (Fig. 2, *F*). The removal of the stone from the plaster is facilitated by plunging the whole into hot water for a few moments, when the paraffin wax becomes softened and the stone can thus be easily

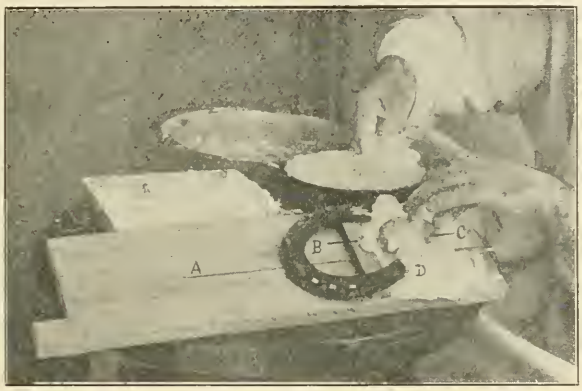

Fig. 1.

(Canadian Practitioner and Review, Jan., 1902.)

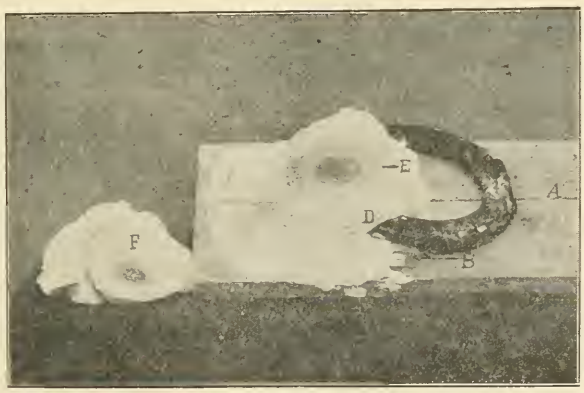

Fig. 2.

(Canadian Practitioner and Review, Jan., 1902.)

separated from the plaster. The last trace of wax is then melted off by holding it under a hot-water tap, or putting it into a basin of hot water for a few moments. The cut surface of the stone may be polished rapidly and easily by grinding it on a ground-glass surface. In the case of very hard stones the polishing process is facilitated by using powdered pumice-stone or emery. In order to get a highly-polished surface the stone should finally be rubbed on dry, plain glass, and later on some woolen fabric which will bring up the polish of the stone. This method of cutting is perfectly applicable to the hardest oxalate of lime, as well as to the softest phosphatic stones, and even to gall-stones. It is impossible for the stone to fracture.

An ordinary carpenter's saw with a fair amount of "set" answers admirably. It should have no thickened back, as is found on most surgical saws. G. A. Peters (Canadian Pract. and Review, Jan., 1902.)

URINE, IODINE IN THE.

Small quantities of iodine in the urine may be determined as follows: A small quantity of starch or flour is added to a few cubic centimeters of urine, the test-tube is shaken and immersed for about a minute in a mixture of salt and snow. While the test-tube is in the freezing mixture, a trace of brown nitrous acid is added, and if iodine is present a violet color will be noted. This reaction is accelerated by the addition of a very small drop of 25-per-cent. sulphuric acid before the nitrosonitric acid is added. Should the urine be rich in coloring-matters, it should be filtered through animal charcoal. Attilio Caccini (Riforma Medica, Nov. 25, 1901).

THE NATHAN LEWIS HATFIELD PRIZE FOR ORIGINAL RESEARCH IN MEDICINE.

THE College of Physicians of Philadelphia announces through its committee that the sum of $500.00 will be awarded to the author of the best essay in competition for the above prize.

SUBJECT: "The Relation between Chronic Suppurative Processes and Forms of Anæmia."

Essays must be submitted on or before March 1, 1903. Each essay must be typewritten, designated by a motto or device, and accompanied by a sealed envelope bearing the same motto or device and containing the name and address of the author. No envelope will be opened except that which accompanies the successful essay. The committee will return the unsuccessful essays if reclaimed by their respective writers or their agents within one year. The committee reserves the right not to make an award if no essay submitted is considered worthy of the prize. The treatment of the subject must, in accordance with the conditions of the trust, embody original observations or researches or original deductions. The competition shall be open to members of the medical profession and men of science in the United States. The original of the successful essay shall become the property of the College of Physicians.

The Trustees shall have full control of the publication of the memorial essay. It shall be published in the Transactions of the College, and also when expedient as a separate issue. Address:—

J. C. WILSON, M.D., Chairman, College of Physicians, 219 South Thirteenth Street, Philadelphia, Pa.

Books and Monographs Received.

The editor begs to acknowledge, with thanks, the receipt of the following books and monographs:—

Transactions of the American Ophthalmological Society. Thirty-seventh Annual Meeting, New London, Conn., 1901.——Annual Reports of the Department of Agriculture for the Fiscal Year ending June 30, 1901. Washington, D. C. 1901.——Treatment of Acromegaly with Pituitary Bodies. By Sydney Kuh, Chicago. 1902.——Concerning a Sugar-forming Ferment in Suprarenal Extract. A Preliminary Report in Suprarenal Glycosuria. By Alfred C. Croftan, Philadelphia. 1902.——The Ultimate Results of Operation for Cancer of the Uterus. By C. P. Noble, M.D., Philadelphia. 1901.——The Operative Cure of Procidentia Uteri. By C. P. Noble, M.D., Philadelphia. 1902.——Mirror-writing and the Inverted Image. By Albert B. Hale and Sydney Kuh, Chicago. 1901.——Some Experiments on the Formation of Bile-pigment and Bile-acids: a Contribution to Our Knowledge of Icterus. By A. C. Croftan, Philadelphia. 1902.——Some Experiments on the Intermediary Circulation of the Bile-acids: a Contribution to Our Knowledge of Icterus. By A. C. Croftan, Philadelphia. 1902.——Streptococcic Bronchitis in Influenza. By F. Forchheimer, Cincinnati. 1901.——The Heredity of Appendicitis. By F. Forchheimer, Cincinnati. 1901.——Etiology and Treatment of Pyorrhœa Alveolaris—Stomatitis Ulcerosa Chronica. By F. Forchheimer, Cincinnati. 1901.——Foreign Bodies Accidentally Left in the Abdominal Cavity. With Report of One Hundred and Fifty-five Cases. By August Schachner, Louisville, Ky. 1901.——Vocal Nodules. By C. H. Knight, New York. 1901.——Atrophic Rhinitis: its Treatment by Local Medication. By C. H. Knight, New York. 1900.——The Therapeutics of Subacute and Chronic Heart Diseases. By T. E. Satterthwaite, New York. 1901.——Dermoid Tumors. By W. D. Foster, Kansas City, Mo. 1901.——Simultaneous Rupture of the Choroid and Paretic Mydriasis without Paresis of Accommodation. By Alexander Duane, New York. 1901.——The Diagnosis of Ocular Paralyses. By Alexander Duane, New York. 1901.——Formalin as a Disinfectant for the Hands: An Unpleasant Personal Experience. By C. P. Noble, Philadelphia. 1901.——The Diagnostic Importance of the Examination of the Feces. By C. D. Aaron, Detroit, Mich. 1901.——Perineal Prostatectomy. By Parker Syms, New York. 1901.——Laryngeal Paralyses and their Importance in General Medicine. By J. W. Gleitsmann, New York. 1901.——On the Use of A. C. E. Mixture and Ethyl-bromide in Operations for Adenoid Vegetations. By J. W. Gleitsmann, New York. 1901.——What Routine Shall We Adopt in Examining the Eye-muscles? By Alexander Duane, New York. 1901.——A New Clinometer for Measuring Torsional Deviations of the Eye, Delimiting Paracentral Scotomata and Metamorphopsia, and Detecting Simulation of Blindness. By Alexander Duane, New York. 1901.——Anisometropia. By Alexander Duane, New York. 1901.——Recurrent Paralysis with Complete Aphonia Passing into Abductor Paralysis, with Returning Singing Voice. By J. W. Gleitsmann, New York. 1901.——Glycerophosphates. By F. R. Weber, Milwaukee, Wis. 1901.——Gastroptosis Due to Omental Adhesions. By B. E. Hadra, Dallas, Texas. 1901.——Summary of the Annual Report of the Library Committee of the College of Physicians of Philadelphia, for the Year 1901.——Report of the Kensington Hospital for Women, from October 8, 1900, to October 14, 1901. Philadelphia.——Fifth Report of the Home for the Training in Speech of Deaf Children before they are of School-age. Philadelphia. 1900.——Changes in the Rates of Charge for Railway and Other Transportation Services. By H. T. Newcomb. Revised by Edward G. Ward, Jr. United States Department of Agriculture, Washington, D. C. 1901.——Conformation of Beef and Dairy Cattle. By Andrew M. Soule. United States Department of Agriculture, Washington, D. C. 1902.——Insecticides and Fungicides: Chemical Composition and Effectiveness of Certain Preparations. By J. K. Haywood. United States Department of Agriculture, Washington, D. C. 1902.——Market Milk: A Plan for its Improvement. By R. A. Pearson. United States Department of Agriculture, Washington, D. C. 1900.——Sulphur Dioxide as a Germicidal Agent. By H. D. Geddings. Hygienic Laboratory, United States Marine-Hospital Service, Washington, D. C. 1902.——Dairy Products at the Paris Exposition of 1900. By Henry E. Alvord. United States Department of Agriculture, Washington, D. C. 1900.

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[End of the Editorial Department of the Monthly Cyclopædia for March, 1902.]

NOTES AND COMMENTS.

F. A. DAVIS COMPANY, Publishers. A. G. CRANDALL, Mgr. Advertising Dept.

BOSTON HEARD FROM AGAIN.

It takes an enterprising Boston clergyman to stir things up. The Rev. George L. McNutt has been "saying things" to the members of the Woman's Christian Temperance Union of "The Hub." He tells them that the real ideal missionary is the modern, up-to-date, highly-polished, luminous saloon-bartender.

The Rev. Mr. McNutt has informed the ladies of Boston that the typical bartender is no respecter of persons: rich and poor are all the same to him, —presumably if they have the price, although this broad-ganged thinker seems to have overlooked the financial basis of the bartender's idealized spirit of democracy.

According to this deep thinker, the basis of the saloon-business is philanthropy, and the distribution of a free hot lunch the principal object of the saloonkeeper's existence. The W. C. T. U. of Boston was certainly afforded an intellectual treat when they were permitted to listen to a lecture from this reverend person with such extraordinary powers of discernment.

FOR THE SPORTING COLUMNS.

The editor of the modern newspaper considers that he is in duty bound to give his readers the benefit of a careful report of the proceedings in Congress and to also place before them a review of the principal sporting events. These two departments are usually widely dissociated in the arrangement of the newspaper.

The recent fist-fight in the United States Senate between the illustrious successors of Senators Calhoun and Hayne, if they were to be frequently repeated, would naturally raise the question as to whether they should be reported under the head of congressional proceedings or sporting events. People who have the daily custom of reading up congressional doings might naturally find it inconvenient to refer to the sporting page for reports of senatorial pugilistic encounters, but they certainly could not deny the fitness of such a classification of senatorial news.

TROPHONINE AN IDEAL NUTRITIVE IN PHTHISIS PULMONALIS.

J. Leffingwell Hatch, S.Sc., M.D., F.R.M.S.-Lond., late Professor of Laryngology in the New York Clinical School of Medicine and Laryngologist to the German West-Side Dispensary, says: "I have treated a large number of consumptives, and have tried all sorts of artificial foods as well as the usual natural ones, but have never found anything that gave such wonderful results in the way of nourishment and gain in weight as trophonine. Out of fifty-three cases that came under my care during the past year, nine were given trophonine in conjunction with their normal diet, and in every instance there was a gain in weight and improvement in physical condition. Especially in cases where the throat is involved it is of value, when deglutition became almost impossible. Trophonine can be swallowed because it soothes inflamed parts as it passes over them. Trophonine can be given per rectum and is retained with ease on account of its non-irritating nature. From the results I obtained in these cases I am convinced that trophonine is the best adjuvant to the pa-

tient's regular diet in phthisis."—Abstract from the American Therapist, September, 1901.

THE FOUR TRACK NEWS.

Nearly every doctor is more or less of a traveler or hopes to be. Who would not look forward with anticipation to the time when he could leave measles and mumps and the whole pack of Pandora's ills behind and take a trip?

The Four Track News is issued by the Passenger Department of the New York Central and Hudson River Railroad at 50 cents per year. It contains some delightful illustrations and brief articles descriptive of various points of interest from the Atlantic to the Pacific. It gives the doctor a whole lot of points about different resorts that he can recommend to his wealthy patients who are afflicted with symptoms. The Four Track News is all right!

IMPROVED GLOBE MULTINEBULIZER.

Topical applications are of immense value wherever it is possible to employ them, and in many diseased conditions they alone suffice to bring about a cure. They are of particular service in the management of disorders of the upper air-passages and of the ear when that organ has been affected by the spread of inflammation from the throat. The division of watery solutions into a fine spray and its projection upon diseased surfaces has been extensively utilized. The principle is an excellent one, and in the apparatus of which we now write it has been elaborated in a highly ingenious and effective manner. The improved Globe Multinebulizer, No. 58, is a perfected apparatus, consists essentially of six flasks connected with a large storage and mixing bottle, the whole being mounted upon an oak base. It is so constructed that it can be attached to the wall or placed upon a suitable table as desired, and according to the circumstances of the case under treatment. The instrument under its present form is an evolution, as it is the result of much experiment in the effort to produce a complete success. A feature of this multinebulizer which will commend it in particular instances is that it is provided with an adjustable vapor-massage valve by which device vapor-massage can be effectually performed to the benefit of the patient and the satisfaction of the physician.

THE AMERICAN CONGRESS OF TUBERCULOSIS.

The Third Annual Session of this congress is announced to be held on the 14, 15, and 16 of May, 1902, in New York City, in Joint Session with the Medico-legal Society. This promises to be an important gathering, many

notable people having been invited and likely to be present. The following special subjects will be discussed, each to occupy one session:—

1. Preventive Legislation. Embracing the Social, Municipal, and State Aspects of Tuberculosis.

2. Tuberculosis in its Pathological and Bacteriological Aspects.

3. The Medical and Surgical Aspects of Tuberculosis.

4. The Veterinary Aspects of Tuberculosis.

Many important papers will be read, and there is no doubt that the occasion will be one of great interest to enrolled members. Physicians who desire further information or may wish to enroll themselves as members should address Clark Bell, secretary, 39 Broadway, New York City.

AN INTERESTING DECISION.

The United States Circuit Court of Appeals has rendered a decision which definitely affirms the validity of the patent of that well-known pharmaceutical product known as phenacetin. This is a matter of interest to all physicians, because it assures them that they are going to be able to use phenacetin with the reasonable certainty that it will be phenacetin, and not some ingeniously-concocted imitation-product. The tendency to adulteration of food-products is deplorably prevalent, and there is little doubt that it is by far too common in drug preparations. It is greatly to be hoped that the penalties of drug-adulteration will be made severe enough to cause those unscrupulous persons who desire to make money at any cost to the public to at least stop and reflect a little before starting to spend a great deal of money to carry out schemes.

HALL-BROOKE, GREEN'S FARMS, CONN.

In the midst of a beautiful country and in a situation noted for its health-giving properties Hall-Brooke possesses great natural advantages for the successful performance of its mission. The institution is devoted to the care of those unfortunates afflicted with disorder of brain or nerves as well as to the victims of abuse of alcohol or addiction to narcotic drugs. A favorable location with a beautiful surrounding landscape has much to do with the successful care of patients of these classes. The gifts of Nature are supplemented and completed by all the resources of medical science. The sanitarium is licensed for the reception of those suffering from acute and chronic mental diseases. The buildings are of the best modern style, and contain every facility for heat and ventilation. Separate and detached buildings are provided for the lodging and treatment of

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to physicians in all parts of the country, and always on a strict guarantee. They have given universal satisfaction, but we have always thought that there ought to be an intermediate grade between our No. 1 and our No. 2,—and now we have it.

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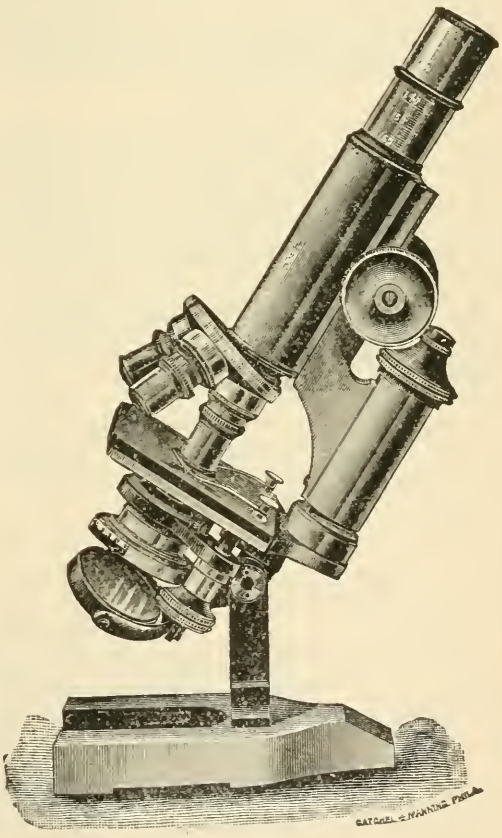
just fills the bill for a doctor who does not wish to become a distinguished bacteriologist, but does want to know what ails his patients. It contains two eye-pieces, the $\frac{2}{3}$, $\frac{1}{4}$, and $\frac{1}{8}$ objectives, triple nose-piece, substage, and condenser of 1. N. A. This microscope can be used handily and without any extensive technical knowledge. It will show plainly the condition of the blood and urine, and reveal the bacillus of malaria, typhoid, gonorrhœa, tuberculosis, etc., and thus fulfill the ordinary routine requirements of the microscope without any difficulty or complication. If it is desirable later to add the $\frac{1}{12}$ oil-immersion objective the stand is entirely adapted for this purpose and the additional cost will be only the actual value of the additional lens.



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is a standard instrument for laboratory work. It has the $\frac{2}{3}$ and $\frac{1}{6}$ objectives, also the $\frac{1}{12}$ oil-immersion lens for high-power work, and is equipped with the substage, triple nose-piece, and the Abbe condenser with the iris-diaphragm. It is adapted for any grade of work, and sold in competition with the best instruments.

The workmanship in these instruments is of the finest. Body, tubes, and pillar are highly polished and lacquered, and each is provided with a handsome case. All are provided with inclination joint and are thoroughly modern in every respect. The above described instruments are sold, if desired, on monthly installments.

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1914-16 Cherry Street, Philadelphia, Pa.

those addicted to alcohol or drugs. Modern electrical appliances, including static machines, are employed in those cases which are capable of benefit by this efficient method. Those mentally disordered receive the best attention which science and humanity has dictated for their care or relief. The institution is planned for the reception of fifty patients, and these are accepted from all parts of the country, either by process of legal commitment or by voluntary entrance, when the mental condition permits. Those in charge have made special study of the forms of disease to which they minister, and everything is done for the alleviation or cure of bodily and mental ills.

BURN BRAE.

For nearly half a century Burn Brae has been favorably known to the physicians of Philadelphia. Through their recommendations and of those who have been educated in the medical schools of Philadelphia the institution has obtained a national reputation, and has drawn its patients from all parts of the country. Burn Brae is a private hospital for the care of mental and nervous diseases. It is situated a few miles west of Philadelphia, and is surrounded by lovely views. Its own grounds are beautiful and extensive. It is thoroughly equipped in all respects, and all concerned in its management have been specially trained in their respective duties. The spirit of our time, more particularly in crowded communities, is unfortunately such as to engender diseases of the central nervous system. The prime requisite for those who have been stricken down in life's struggle is quiet and peaceful rest, away from the roar and bustle of great cities. When this needed rest has been secured, the skill of medical attendants has an opportunity to afford relief. Burn Brae is amply provided with all the resources of scientific medicine, and is fully prepared to assuage the ail-

ments of a class of people who deserve the utmost commiseration.

FOR THE CONVENIENCE OF PHYSICIANS.

For the convenience of physicians, Messrs. H. Planten & Son, the well-known capsule manufacturers of New York, have just issued a list with detailed formulas of capsules and "perloids" of sandal-oil and its various combinations which is so full of valuable hints to the profession that we suggest you write for a copy. It is one of the most instructive price-lists we have yet seen of this class of pharmaceuticals. Address your request to Messrs. H. Planten & Son, 224 William Street, New York, and mention THE MONTHLY CYCLOPÆDIA OF PRACTICAL MEDICINE.

HEAVY TRAVEL TO FLORIDA AND THE SOUTH.

The tide of travel which sets in every winter from the Northern States to the milder climates of the southern and southwestern portions of the country has begun this year at a very much increased rate over that of any previous season. Transportation companies report that their facilities are completely utilized, and that early application is often necessary in order to secure choice accommodations. The Southern Railway's new and palatial train, the "Southern's Palm Limited," which began its service in the middle of January, between New York and the more prominent resorts of the South, has proved a welcome—and, in view of the increased travel, a necessary—addition to the means of intercommunication between these two sections. This train is running heavily loaded every day, every compartment and stateroom being taken, and it has frequently been necessary to put on additional sleeping-cars in order to accommodate the demand. The popularity of this train is mainly due to the prominence of the points which it touches and the quick time which it makes between New York and Florida. Another train operated by the Southern Railway System is the Washington and Southwestern Limited. Its close connection with the Sunset Limited of the Southern Pacific Company at New Orleans to Mexico and the Pacific Coast makes it a popular Southern route for winter travel. This system offers quick service to the beautiful "Land of the Sky," the mountain-region of North Carolina, within which are located such famous resorts as Pinehurst, Asheville, and Hot Springs; also to Columbia, Summerville, Aiken, and Augusta. These places are easily reached, which is one of the main reasons for the present great increase of Southern travel. The travel to the still milder and more southernly-located resorts

in Florida—St. Augustine, Palm Beach, Ormond, Tampa, and other places on both the Atlantic and gulf- coasts of the State—seems to be equally heavy. The Southern Railway route is also most popular among travelers to Cuba, since the quick time made between New York and Tampa and Miami materially shortens the trip to Havana. Travel westward through the Gulf States to New Orleans and the west is unusually heavy, and the approaching Mardi Gras festivities in New Orleans are also attracting a considerable number of Northern visitors to that city. Complete information in regard to reaching all of the above resorts can be procured of Charles L. Hopkins, district passenger agent of the Southern Railway, 828 Chestnut Street, as his office is a Bureau of Information for Southern travel.

TO ADVERTISE OR NOT TO ADVERTISE.

In a recent issue of Printers' Ink, a weekly journal published for the benefit of advertisers, occurs the following statement:—

"Physicians never were able to advance one good reason for refusing to advertise in newspapers and magazines. The one plea they use, that quacks pay for publicity, is illogical. By parity of reasoning, the honest merchant or manufacturer should decline to buy newspaper space because there are unscrupulous merchants and manufacturers who also advertise."

As a good proportion of the space of Printers' Ink is devoted to describing the prosperity of certain venders of patent medicines, who do advertise, their position is certainly logical. In this commercial age, in which every known device for publicity, whether legitimate or otherwise, is tested to its utmost limit, there is a sense of relief in realizing that there is one prominent class of people with very good reason for wishing to make themselves known to the public who are governed by principle to the extent of letting their merits become known by their achievements.

The cool, calculating, progressive businessman who succeeds in establishing himself in a prosperous business in ten or fifteen years can hardly comprehend the difference in his position and that of the physician who has perhaps spent ten or fifteen years of adult life in fitting himself for his profession before he ever secures a dollar in return.

DR. GIVENS'S SANITARIUM AT STAMFORD, CONN.

One of the most helpful institutions of its class in the country is found in Dr. Givens's sanitarium at Stamford. This sanitarium is situated within an hour's ride of New York, and occupies a commanding position on Long Island Sound. The advantages of location and climate, therefore, are exceptional. This institution comprises several separate cottages for different classes of patients, one cottage being devoted to the treatment of alcoholic and narcotic patients.

A section of the General Statutes of Connecticut reads as follows: "The managers, trustees, or directors of any inebriate asylum established by the laws of this State may receive any inebriate or dipsomaniac who shall apply and be received into such an asylum, retain him one year, and treat and restrain him in the same manner as if committed by the Probate Court."

At Dr. Givens's sanitarium patients are admitted

who may make application for treatment on a form of voluntary commitment made up in accordance with the provision of the above statute.

A PRELIMINARY REPORT ON ANTIARTHRIN.

When antiarthrin-sell came under my notice in the late summer I was skeptical as to the reports which I had had from abroad, and loath to give it a trial at the bedside. Its signal results when I finally did resort to it have impressed me so with the conviction that we have a valuable addition to our antirheumatic remedies that I am constrained to offer a brief notice of its effects in a variety of cases for which I have used it. An antirheumatic which is free from the unpleasant effects of the salicylates is surely welcome, and my experience with it has corroborated the German reports that it causes no tinnitus nor any gastric irritation.

Its use in this country has so far been very limited, but as I have had the opportunity to see the notes of the clinical effects in the hands of German physicians, and as I have seen their reports and results repeated here, I have no excuse to offer for presenting it to the profession other than its inherent merit.

While its claim is particularly as a remedy for gouty and rheumatic diseases, it has been of *conspicuous* value in other conditions as a diuretic and urinary antiseptic, as appears below.

In cases of acute articular rheumatism I have been pleased with the prompt and lasting effects which have followed the administration of antiarthrin in 20-grain doses every three hours for two days, the subsidence of pain and the decline of fever and inflammatory signs at the end of forty-eight hours permitting a reduction of the dose to 15 grains three or four times a day, which dose I have found it desirable to continue for a week or so to insure permanence of the relief.

In definite cases of muscular rheumatism,—*i.e.*, myalgias in distinctly rheumatic persons,—and in the vague myalgias and neuralgias to which many persons are subject in the fall of the year, I have found 20-grain doses four times daily to bring prompt relief. A notable case in this category is that of G. T. K., aged 65 years, whom I treated for an acute articular rheumatism in the usual way, before antiarthrin-sell had been introduced into this country. Following the acute attack Mr. K. had been subject, for months, to a myalgia of the left deltoid, for which I had tried all the salols, salophens, salicins, etc., and had resorted to the actual cautery, with but slight temporary relief from any. When antiarthrin came under my notice and I had used it in eight or ten dispensary cases with gratifying results, I put him on 20-grain doses every four hours, and at the end of twenty-four hours he reported great relief and improved function. I continued this administration for a week, and the old gentleman meanwhile resumed his duties. Since then (some five months ago, now) I have not been called upon to prescribe for his muscular rheumatism, of which he has had some returns, because, as he reports, he has the prescription refilled so soon as he feels the first twinges, and thus, medicating himself, obtains relief and has not lost a day from business.

Equally gratifying have been the results in cases of synovitis of the knee-joint, some of gonorrhœal origin. The case of Mrs. H. (non-gonorrhœal) was the most severe of a series of acute cases, with great effusion into the joint, with great pain and a temperature of 102 ½° F. Twenty grains of antiarthrin-sell every three hours soon brought relief and a normal temperature at the end of forty-eight hours. Rest in bed and milk diet, with attention to the bowels, was the only additional treatment until the end of the first week, when the improvement had been sufficient to permit the patient to get up and move about with a moderately tight bandage on the joint, and at this time the dose of antiarthrin was reduced to 15 grains three times a day. Fearing a return, I ordered a continuance of these measures until the end of the fourth week, although the patient was up and about constantly and was inclined to discontinue treatment except for my insistence.

The diuretic effects of antiarthrin have been very conspicuous. This was observed by me in the course of its use in acute and subacute rheumatic conditions, and this determined me to use it for this sole indication whenever the opportunity presented itself. I soon had occasion to use it as a diuretic and uric-acid excretor in a case of urticaria with scanty, high-colored urine, in the case of an elderly lady of rheumatic habit and with chronic interstitial nephritis. Her urticaria was, I assumed, due to an accumulation of uric acid and urea in her blood, and I accordingly ordered antiarthrin in 15-grain doses every four hours. Her urine had been as scant as twelve and sixteen ounces in the twenty-four hours, was of a specific gravity of 1.028, and contained a trace of albumin, with hyaline and granular casts. It also contained indican. Within twenty-four hours after beginning the use of antiarthrin-sell the urine became clear, amber, and of a specific gravity of 1.020 for a total quantity of sixty ounces in twenty-four hours. After the third day the urticaria disappeared, and with a continuance of the antiarthrin in 15-grain doses three times a day her urine was kept clear and sufficient in quantity. A return of the scanty secretion during a subsequent attack of acute bronchitis (severe) responded as quickly to antiarthrin, and this caused me to advise the old lady to take 15 grains three times a day for a few days about every two weeks as a general prophylactic against any reaccumulation of uric acid or urea in her system, and this measure has

kept her free from urticaria from which she had suffered periodically for the past two years.

Antiarthrin seems to exert a peculiarly soothing influence in the urine, which makes it applicable to cases of vesical irritability, enlarged prostate, and also makes it of value in the treatment of chronic gonorrhœa, especially of the posterior urethra, as an adjunct to the local treatment. To illustrate this I may cite the case of H. C. M., aged 38, single; gonorrhœa eighteen years ago; no gleet. Early in December he complained of excessive frequency of urination day and night. The calls were as frequent as every hour, and could not be delayed without accident. On examination nothing was to be discovered beyond slight hyperæsthesia of the posterior urethra. The urine was normal. Recognizing the valuable help antiarthrin had rendered me in cases of posterior urethritis and in cases of enlarged prostate, I ordered for M. 15 grains of antiarthrin every four hours for three days, then to be reduced to three times a day. He reported complete relief on the night of the second day, stating that he could carry his urine four hours, and *complained* of the greater quantity of urine voided. That is, he had relief from the frequency of urination, but had noticed the increased diuresis. I had him continue his three-times-a-day dose for one week, after explaining the diuretic effect of the drug, and at the end of the week he reported cured.

Antiarthrin is undoubtedly a valuable acquisition to our pharmacy and is conspicuous for: 1. Prompt effect on acute rheumatic states: anaigesia. 2. Antipyresis in acute rheumatic states. 3. Diuresis, marked. 4. Relief for vesical irritability.

In none of my cases has it caused the slightest tinnitus or the least gastric disturbance. Some patients have objected to its bitter taste, but this is easily overcome by exhibiting it in capsules, which is now my rule, and from which I have had equal results.—William J. Greanellé, M.D., late Physician in Chief of the Good Samaritan Dispensary; Attending Physician to the Webb Home, University Heights, New York City.

A VALUABLE COMBINATION: TERP-HEROIN, FOSTER'S.

In the winter season, when the changes of temperature are often so marked and sudden, when the atmosphere is much of the time charged with chilly moisture, when daily exposure is inevitable, we all know, physicians and laity alike, by sad experience the wide prevalence of bronchial affections as a result of what is popularly termed "taking cold." People struggle to perform their daily tasks under serious difficulties. They go about wheezing, coughing, short of breath, with pain in the chest and languor of spirit. Many are obliged to give up the unavailing effort

and take to their beds exhausted. Paroxysms of cough excite dyspnœa and add to the general distress. Under such circumstances relief is urgently demanded.

Attention has been called to an admirable combination of efficient agents, and reliable evidence has accumulated concerning its value in the class of diseases to which we have alluded. The preparation called terp-heroin. Foster's, contains in each fluidrachm 2 grains of terpin hydrate and $^1/_{24}$ grain of heroin dissolved in a menstruum of wild cherry and glycerin. Little comment need really be added to this bare statement of its combination. Terpin hydrate, a derivative of turpentine, soluble in water and glycerin, has proved itself an efficacious remedy in assuaging the troublesome cough of bronchitis, and is especially useful when the paroxysms assume a violent character, embarrassing greatly the respiration and circulation. For the latter reason it has been employed with success in asthma, hay asthma, and whooping-cough, and in such cases it has shown a power to diminish the violence of the spasmodic cough, and, consequently, to relieve the attendant difficulties or complications.

Heroin, a morphine compound, is a bronchial sedative which decidedly diminishes the severity of cough, and has been advantageously given both in bronchitis and pneumonia. It also allays the chest-pains. It has been found of value in chronic bronchitis attended with emphysema. In spasmodic asthma and hay asthma it has given good results. The utility of glycerin and wild cherry in cough is universally recognized. They are most excellent vehicles for the more powerful agents. The latter remedy, moreover, possesses decided tonic properties.

The preparation has afforded great satisfaction to those by whom it has been employed. In the diseases or conditions named it has proved its worth beyond any question. In many instances its remedial effect has been exceedingly rapid. The numerous favorable reports which have been made of its action should incline us to make the practical acquaintance of a combination which is endowed with such useful qualities.

We would suggest to our readers that you write for sample and literature to the chemists, John B. Foster & Brother, 401 Roseville Avenue, Newark, N. J.

LOW RATES TO CALIFORNIA.

Parties desiring to make a trip to California, Arizona, or New Mexico, either for business or pleasure, can do so now at a small cost. Daily until April 30th, inclusive, tickets marked "Colonist" may be purchased via Southern Railway at the rate of $47.50 from Washington and $49.50 from Philadelphia to Los Angeles, San Francisco, and other

points; correspondingly low rates from other points.

The Southern Railway operates through tourist sleepers from Washington to Los Angeles and San Francisco without change, leaving Washington 9.50 P.M. every Monday, Wednesday, and Friday. The berth-rate in these sleepers is only $7.00, two people being allowed to occupy one berth, if desired. Personal conductors and Pullman porters go through with each sleeper. There are other new, convenient, and economical features connected with these sleepers which may be ascertained from Charles L. Hopkins, district passenger agent of the Southern Railway, 828 Chestnut Street, Philadelphia.

AN IDEAL RESORT FOR INVALIDS.

It is a well-known fact that it is often a mistake to select as a sanitarium resort an institution which is located in an isolated region, especially where patients have been accustomed to a very active life. A totally inactive existence is frequently so irksome to the patient as to counteract the results desired.

The city of Burlington, Vt., is one of the ideal municipalities of New England. Its location is beautiful, and the city is laid out with exceptionally good taste. It overlooks Lake Champlain, one of the most beautiful sheets of fresh water in the world. It is accessible by several lines of railroad, and is only a night's ride from New York or Boston. Although containing less than 20,000 inhabitants, it has handsome stores, well-kept streets, beautiful residences, a fine opera-house, one of the most popular hotels of New England, and is in every way an interesting place.

The Sparhawk Sanitarium is situated on a quiet avenue connecting two of the busiest streets of the city. It is in every way modern and up to date, and is conducted by people who are equally up to date. This institution, therefore, offers unusual inducements to invalids who are in need of sanitarium treatment. The climatic conditions are exceptionally favorable, the summers being cool and the winters remarkably free from rapid and depressing changes.

ANTIPHLOGISTINE IN PNEUMONIA.

The death-rate from pneumonia for the decade ending with 1900 is shown by the United States Census Bulletin of 1900 to have been greater than from any other one cause, and 5 per cent. greater for the decade referred to than from the previous ten years. With such a large and increasing death-rate every physician owes it to himself and to his patients to test antiphlogistine, which has a well-earned reputation for being the best possible local treatment for this and other inflammatory diseases. Many physicians report that a single dressing applied early, covering the entire thoracic walls and covered with a cotton jacket, will often abort the disease.

DOESN'T ENJOY HER BATH.

Under ordinary circumstances, the Schuylkill River is one of the most peaceful and amiable streams, flowing gently along through a picturesque valley from the coal regions to the Delaware. Under especially favorable conditions it looks quite clear and limpid.

When the winter and spring freshets come on, however, there is a radical change in the appearance of the Schuylkill. The brown ochre of its bed rises up and meets the inky composition which bears down from the coal regions, and the result is far from attractive.

The Philadelphia girl has ever enjoyed her bath, under any reasonable circumstances, and is found in large numbers at every resort on the Atlantic Coast north of Cape Hatteras; but she does shrink from plunging into a bath-tub full of Schuylkill water under the conditions described above. For this reason, the consumption of Pears's soap during the months of February and March is probably less than at any other season of the year.

Although the winter mortality of Philadelphia, owing to typhoid fever and other diseases, is considerably higher than it should be, the inhabitants, as a class, are remarkably free from rheumatism. This is no doubt due to the peculiar bathing privileges above mentioned, mud-baths being, as is generally known, specifies for the prevention and cure of rheumatic complaints.

PEACOCK'S BROMIDES.

Among the most reliable preparations of its kind are Peacock's bromides. The properties of this remedy are all well known to the profession. The danger associated with this drug if not properly administered is too well known to require comment. It will be of interest, therefore, to the profession to hear what Dr. Allan Mott Ring, who has had much experience in sanitarium work, has to say about Peacock's bromides:—

"I have no hesitation to say that I consider Peacock's bromides invaluable, and have for years used it exclusively in my sanitarium when bromides were indicated. Commercial bromides are crude and rank as compared with Peacock's. The greatest danger of injury to the patient and the product lies in substitution. I now only buy from my wholesale druggist in dozen lots."

NEURILLA IN THE NERVOUSNESS OF GRIP.

The disastrous effects of grip on the nervous system are frequently an occasion of much anxiety to the family physician. The experience of Dr. T. Nelson, of Platte, South Dakota, will be of interest to all members of the profession. He says: "I have had several occasions to test neurilla in allaying the nervousness consequent upon cases of grip. I was wonderfully pleased with the results obtained, and I shall continue to use and prescribe it in my practice."

AN ATTACK ON PLUSH FURNITURE.

The editor of a well-known journal, published ostensibly for women and secretly read by their husbands, has delivered himself of a proclamation in which he condemns plush furniture.

It is reported that in one town in Illinois twenty members of a woman's club were arrested

in one evening on account of animosities engendered by the perusal of this article. It is also reported that the manufacturers of plush furniture are on the verge of bankruptcy.

It is obvious that plush furniture is having a hard experience. Whether it will be considered a breach of etiquette to ride in a Pullman car which is furnished in plush is a question possibly affecting Wall street.

People who occupy positions of such commanding influence should be careful of what they say in inspired editorials.

THE TREATMENT OF CHRONIC INDIGESTION.

This is one of the conditions which frequently causes the family physician much perplexity. Some form of tonic or other medicinal agent is frequently necessary to supplement even the most careful hygienic treatment. A thoroughly reliable remedy with specific properties is therefore necessarily of great importance. Here is a suggestion from Dr. J. Carl Ludwig, of Cincinnati, Ohio:—

"I am more than pleased with the physiological action of seng in the treatment of chronic indigestion. It seems nicely to restore the action of the stomach, re-establish perfect digestion, and its good effect is quickly evidenced by the general improved appearance of the patient."

THE VALUE OF PETROLEUM.

The medicinal value of petroleum has been known so long that the date of its first use is lost in the mists of antiquity. In the form of kerosene petroleum is used a great deal, particularly by people in the lower walks of life, as a cure for croup and whooping-cough. Of course, a crude oil such as kerosene should never be taken internally, for the reason that it is tonic, and, what is more, likely to contain active poisons. Thoroughly purified petroleum is, however, a most valuable medicine, and is found in its highest development in terraline, which contains in the highest degree of purity all the physiological properties of petroleum. The petroleum itself is carefully selected from the best wells, and every step of the preparation of this medicine is attended with the most scrupulous precaution. As a result, we have a petroleum preparation which is absolutely pure, tasteless, and odorless. It is of high merit as a stimulant of the processes of nutrition, and is indicated in all diseases involving the throat and lungs.

Where, remote from old Winter's stormy land,
Pleasure and prosperity go hand in hand;
Where singing birds and flowers are gay,
And January breaks in smiles like May.

THE INCREASE OF TOURIST TRAVEL TO THE TAMPA BAY REGION OF FLORIDA.

The Growing Reputation of St. Petersburg and the Pinellas Peninsula as an All-the-Year-Round Health Resort.

Some places exist with every natural facility for future prosperity; in other places the energy and industry of the pioneer settlers attain this most desired result; while still other places have prosperity "thrust upon them" by the far-sightedness of speculators with an eye to future gains.

Each of these conditions seems to be that of the Pinellas Peninsula, especially St. Petersburg, and including Disston City, Tarpon Springs, Pass-a-Grille, Bellaire, Clearwater, and numerous other small, but rapidly growing, towns in this section.

All that Nature could do toward making this section beautiful she has done with an unsparing hand, generously showering gifts in such profusion that one may well conclude that this is a favored spot of Providence and intended, indeed, as a Paradise on Earth.

No niggardly florist has Nature proven. Flowers which in the North are cultivated with assiduous care in hot houses here run riot, a wilderness of beauty and perfume, over all waving in stately grace the slender palm and palmetto; while fruits, such as the pineapple and orange, grape-fruit, lime, etc., etc., as well as vegetables and berries grow in great quantities, the soil responding bountifully to fertilization and cultivation.

What the early inhabitants have done for St. Petersburg in conjunction with its natural advantages, and other potent agencies, may be seen at a glance by the two accompanying illustrations.

St. Petersburg, already called the "Chicago of the South," is a tribute to the magnificent energy and progress of its inhabitants.

Capitalists of the North have not been slow to realize that there is a great future in prospect for the towns of the Pinellas Peninsula, and much of the credit of rapid development, which may be noted yearly, is due to their efforts, and to the liberal policy which they have pursued.

As though all of these advantages were not enough, Hygeia, the Goddess of Health, appears to have selected this already thrice blessed spot for her permanent residence.

The advantages of climate are unexcelled for persons suffering from rheumatism, neurasthenia, weak lungs, phthisis, asthma, and kindred diseases; while, for the person suffering from no ailment whatever, the almost uniform atmosphere renders them immune from those diseases which are the disastrous effects of the extremes of temperature so prevalent in the North.

In no region in the United States is there a finer field for successful sanitariums than upon the Pinellas Peninsula, and particularly its southern portion, for, lying as it does between the Gulf of Mexico upon the one side and beautiful Tampa Bay upon the other, the region has all the advantages of an insular climate. No matter from what direction the prevailing breeze may blow, it has nevertheless within a few miles swept over an expanse of tossing waters, or through health-giving forests of pine.

When the weather is intensely warm upon the

St. Petersburg in 1894. Census of 1890, 271 inhabitants.

mainland, it is always from five to ten degrees cooler upon the lower Pinellas; and when some blizzard sweeps down from the North to chill the air and give a touch of winter,—cradled in the circling waters of the Gulf Stream,—which changes scarcely a degree in temperature throughout the year,—the lower Pinellas may be counted upon as at least five to ten degrees warmer than the mainland. As a result, magnificent groves of oranges and grape-fruit, pineries filled with pineapples of fancy and high-priced varieties, delicious strawberries and other fruits are to be enjoyed in this region, upon occasions when climatic conditions have deprived the dwellers upon the mainland of such luxuries.

At Disston City, in the opinion of the writer, is to be found the most desirable location for a sanitarium in all Florida. To the east lie five miles of rolling lands covered with pineapples, oranges, and other fruits, and bounded by Tampa Bay, with St. Petersburg, progressive, beautiful, and cultured, nestling upon its shores, soon to be connected by a railway line over which frequent trains will run. To the west is Boca Ceiga Bay, ten miles long and three miles wide, filled with every variety of fish, while just across lies Pass-a-Grille,—with its surf-bathing, its myriads of beautiful shells, its celebrated tarpon-fishing, unexcelled on the shores of the gulf, rapidly developing into the "Atlantic City of the South."

A sanitarium located at Disston City would have the advantage of these healthful and at-

Looking Northeast Over St. Petersburg from Tomlinson's Tower.

tractive surroundings. It would be only twenty-eight miles from Tampa, five miles from St. Petersburg, and three miles by water from Pass-a-Grille.

It is strange that this opportunity has not long ago been seized upon. Time was when the sufferers from bronchial difficulties or pulmonary affections were advised to seek the Pacific slope to prolong life or render it endurable,—when heart-rending scenes of home-parting for this long and trying journey were frequent occurrences. The sterling virtues of the Florida climate and especially the Pinellas Peninsula were not recognized then as now. The disadvantages and inconveniences of travel South as compared with Western travel were so great as to balance the scale in favor of a Western climate in any event. All this is changed. The attention of the medical profession has been drawn to the Pinellas Peninsula, which is unanimously conceded to be the Mecca for persons suffering from a great variety of human ills, while the great transportation companies have turned their attention to the development of railroad lines through this section until the trip has become not only a luxurious, but an easy one for the invalid or semi-invalid, who is here only two days' journey from those left behind. The man who emigrates to this more congenial climate for the winter is at much less expense to attain comfort, and is within short advices of the progress of his business; while the doctor finds better results gained from the ameliorating climate of the Pinellas Peninsula, and the fact that his patient does not suffer from the depression of spirits so common to invalids of this character which would be entailed by the longer journey across the prairies and the great distance from home surroundings, while the dangers incident to great changes of altitude are avoided.

So cosmopolitan has this region become in its population that a visitor from any part of the United States may feel more or less at home in becoming a resident, either permanently or transiently; so many families have found their homes for divers reasons in the Pinellas Peninsula; and among the most cultured, elegant, wealthy, and refined rank the people of St. Petersburg. (As an instance of the above, we may say that in St. Petersburg there is an Illinois Club of over one hundred members, who hold their regular meetings, banquets, socials, etc., in honor of the fraternity.) The finest public schools in all Florida are here to be found; and agricultural and manufacturing industries thrive apace. It is an admirable location for a physician, and some of the best medical aid in the United States is here resident.

At Pass-a-Grille, Surf-bathing in February.

The hotels, while not pretentious, are comfortable and within the reach of medium means; while home-like boarding-houses are no rarity. Pinellas tables have at their disposal, at nearly all times of the year, fruits, vegetables, and berries of every description, fish in abundance, game, etc., in addition to the more ordinary articles of a well-appointed table.

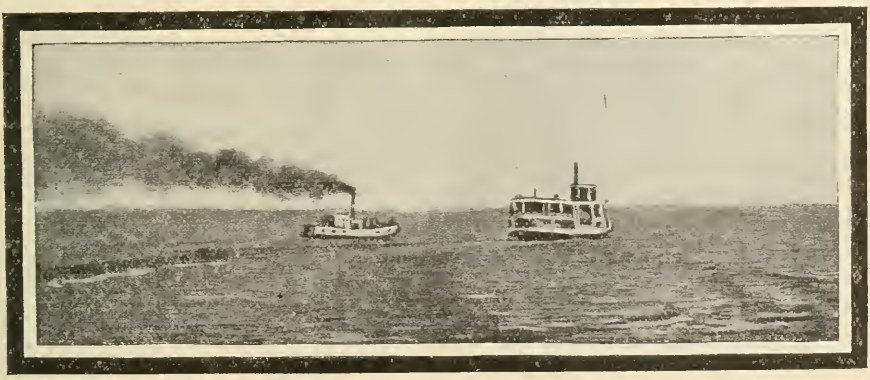
The out-door life, which is always possible in the Pinellas Peninsula, invites invalids to live in the open air, inciting the delicate to healthful modes

On the Plant System Wharf at St. Petersburg, When the Sea-trout Bite.

of life. Boating, fishing, bathing, sailing, bicycle-riding, hunting, etc., add their allurements, attracting each to his individual taste.

By the combination of the Southern Railway and the great Plant System, the most delicate patient can now make the continuous journey to Florida with the utmost ease and comfort, speed and luxury, a combination all important to those in ill health. Daily trains from all Northern points, smooth road-beds, magnificent coaches, courteous attention, and a liberal and enlightened business policy have provided patrons of these enterprising roads with all the comfort of home; while the literature published by these companies provides the most uninitiated traveler with every instruction necessary to begin and complete arrangements for a stay in the towns of the Pinellas Peninsula. No detail is lacking.—from the preliminary hotel arrangements for each and every town in the Peninsula to the final purchasing of tickets for the return-trip. The fullest instructions for the arrangement of every pleasure trip to be enjoyed in this region of pleasure is described in illustrated books and pamphlets prepared by the company for the benefit of its patrons. The various boat-trips, including the trip across the gulf to Cuba, even the provision of text for enabling the visitor to supply his wants in the Spanish tongue are furnished; in fact, no detail which would add to the comfort and enjoyment of the patrons of this great enterprise is lacking.

Whether it be for pleasure or business, a permanent home or a transient residence, a trip to this region is an unalloyed pleasure and a liberal education.



St. Petersburg Harbor—View from Plant System Wharf.

MEDICAL MISCELLANY.

"WHERE A MAN'S TREASURE IS, THERE IS HIS HEART ALSO."

Doctor, a patient whom you cannot cure is a bad advertisement and a poor friend—a menace to your professional reputation, justly or unjustly.

The man with a chronic complaint is an eyesore to his physician, a burden to himself, a bore to his friends, and a tyrant to those under him.

He does not reason that his condition is the result of his own indiscretions, neglect, or excesses. He does not take into consideration that his system has only yielded gradually to a persistent course of abuse in refusing to perform its natural functions. He will blame his constitution, his ancestors, or you—anyone but himself. He simply knows that you have failed to cure him.

You have exhausted every remedy at hand in efforts to restore him to health. To continue to prescribe drugs which you are conscious are doing no good is to commit a breach of good faith, and to be at war with your principles.

You may preach of the important adjuncts to health—systematic exercise, long walks, judicious diet, hydriatic measures, giving the skin an "eye-opener" by a cold plunge or sponge-bath each morning, opening the bowels, relieving the pressure on the brain, thus leaving it clear for the problems of the day.

The broken-down business man, who cannot run a block without blowing like a porpoise, will say to you: "Exercise? Don't I walk down to the office every day?" And so he does, or, rather, *pushes* himself along, without regard to carriage, expansion of lungs with pure, fresh air, or any object in view, except to get to his office as quickly as possible, where he immediately squats stoop-shoulderedly over a desk, and so remains for the rest of the day, excepting, perhaps, for a hastily-bolted luncheon at noon-time.

You may perhaps succeed in inducing your patient to abstain from certain foods for a meal or two, a few exercises are perfunctorily and aimlessly indulged in, he takes a morning bath occasionally when he gets up in time; but it is easier to slip back into the old method of eating that which tickles the palate, lying abed until the last moment, foregoing cold baths and exercises; and presently your patient is back again, and has the hardihood to look you straight in the eye and tell you that he has followed your advice and remains unbenefited.

You know perfectly well that he has not earnestly adhered to the letter and the spirit of advice given him.

Now, isn't that so?

WHAT IS THE TROUBLE?

A portion of it is laziness, pure lack of moral courage and energy.

Still more of it that he fails to realize *immediate* benefit, loses patience, and is not *convinced—has not confidence in the remedy.*

And, again, perhaps he lacks proper appliances and accommodations—warm room, etc.

He needs educating.

He needs to be taught a little physiology.

He needs to be taught the horse sense of *system* in caring for his person, just as in his business.

He needs to be *convinced.*

HOW TO CONVINCE HIM.

To see is to believe. If evidence is produced, your patient must be convinced. Propose that he visit some or one of the up-to-date institutions where the physiological method of treatment is extensively promulgated.

The first suggestion of absence from business will probably elicit: "Do you think I'm a gentleman of leisure, doctor? Who'll take care of my business?"

"No," you answer him, "you think he is a man of *sense* and *judgment*, a man who knows enough not to take a lame horse from a stable and run him as he would a well one, lest he cripple him for life, and *thereby lose money on him;* a man who knows that business will continue after he is dead; a man who realizes that health *is* money, *is business, prosperity, renewed brain-power, fresh ideas, remunerative labor, usefulness in the world, and ripe years.*"

Advise him to visit such an institution.

That pioneer in this particular field, the Battle Creek Sanitarium, where the science of utilizing the forces of Nature is taught on the most extensive plan and approved methods, will furnish you with illustrated booklets of appurtenances and accessories for health-getting, which of themselves are an inspiration. A visit to this institution or one of its various branches is a liberal education in the science of health-getting.

The Battle Creek Sanitarium, Battle Creek, Michigan, will furnish terms and all particulars relative to a sojourn at the Institution on application, and invites careful inquiry, investigation, and trial of its distinctive methods.

SOME GOOD BOOK INVESTMENTS.

WHERE DISCRETION IS NEEDED.

It is a very unpleasant sensation to feel that you have been "taken in" on a book investment, and there are really a good many bad bargains floating around the country waiting to be snapped up by the doctor who is a little careless about his book purchases.

BIG VALUES FOR $5.00.

No doctor would ever think of regretting the $5.00 he spent for SHOEMAKER'S MATERIA MEDICA (New, Fifth, Practitioners' Edition). This book contains so much more than the average work on Materia Medica, and everything which any work on Materia Medica should contain, that any doctor cannot fail to feel that he has got his $5.00 worth in excellent measure. Some of the good features which are heaped into this book are: Adaptation to the Metric System, United States and British Pharmacopœias, Remedial Agents other than Drugs, etc. The book contains 1144 pages. The prices, net, Cloth, $5.00; Sheep, $5.75. Delivered, all charges paid.

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Urinary examination is now considered as the very basis of a thorough diagnosis. Many clues to obscure conditions which can be detected by this means throw a strong light along the pathway which otherwise must be indirect and troublesome. The only wonder is that any doctor neglects to utilize this means of help.

A TEXT-BOOK ON THE URINE.

PURDY'S URANALYSIS AND URINARY DIAGNOSIS is not merely a test-manual intended to aid in the detection of albumin, sugar, uric acid, etc., but a text-book which, under appropriate classification, lays before the doctor a knowledge of the proper constituents of normal urine and the clinical significance of the various deviations from normal, also with special reference to the different pathological states. The new sixth edition lacks nothing essential to an up-to-date book in this important line. There are 406 pages. Crown Octavo. Price, net, $3.00, Bound in Cloth. Delivered, all charges paid.

WHEN THE DOCTOR GETS ANXIOUS.

The question of feeding of infants is such an important one that every doctor may feel justified in giving the subject special consideration. The bad effects of infantile indigestion are sufficiently serious to explain the frequent feeling of responsibility which rests upon the conscientious physician who is endeavoring to reconcile some important member of society to a diet rendered essential by maternal limitations.

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